Grand Oaks High School

Student Athletic Trainer Application

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| **STUDENT INFORMATION (Please print legibly Due: April 30th, 2024** |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_ SID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We will be having incoming Freshman doing interviews sometime in Late April. The incoming Soph-Seniors will have to attend practices for Spring Football for evaluations.**

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| Guardain 1: | Guardian 2: |
| Cell: | Cell: |
| Email: | Email: |
| Relationship: | Relationship: |

Type a brief one-page essay on why you would like to be in the Grand Oaks Athletic Training Program. Please include in your essay what qualities you possess that will help ensure the quality of our Athletic Training Program.

**Please list all other clubs, organizations, and extra-curricular activities that you are involved in inside and outside of school.**

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**Student Athletic Trainers are often asked to work beyond school hours:**

Will transportation be a problem for you to attend before/after school practices, games YES NO

Do you plan on having a job while working as a Student Athletic Trainer YES NO

If yes, would you be willing to schedule around Student Athletic Trainer Duties YES NO

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| **REFERENCES** |

List three current teachers or administrators at your current school that are willing to comment on your ability to fulfill the position as a Student Athletic Trainer. You are responsible for contacting your references listed below and delivering a “Recommendation Form” to each reference. These forms are to be returned by the reference, NOT THE APPLICANT.

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| Name: | Title/Position: |
| Name: | Title/Position: |
| Name: | Title/Position: |

My Son/Daughter has talked with me about their interest in the Athletic Training Program at Grand Oaks High School. We have read the Student Athletic Trainer Handbook and believe that he/she is able to make the commitments necessary to be a student athletic trainer. We understand that any violations or misconduct may result in disciplinary action or immediate dismissal from the program.

**Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**