



# AZLE HORNETS SPORTS MEDICINE STUDENT ATHLETIC TRAINER APPLICATION

**STUDENT INFORMATION (Please PRINT legibly):**

Name: \_\_\_\_\_ Current Grade: \_\_\_\_ Age: \_\_\_\_ School presently attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M F T-shirt size (adult) \_\_\_\_\_ Polo shirt size (adult) \_\_\_\_\_ (W/M) Shorts size (adult) \_\_\_\_\_

Student email: \_\_\_\_\_ Student Cell phone #: \_\_\_\_\_

Mom/Dad's name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mom's email address: \_\_\_\_\_ Mom's cell #: \_\_\_\_\_

Dad's email address: \_\_\_\_\_ Dad's cell #: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Write a brief essay on why you want to be in the Sports Medicine Program (use the back if necessary):

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What recognition and awards have you earned (Honor Society, Service Awards, etc.):

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|  |

What are your plans after you graduate from high school?

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|  |

List some job/career choices of interest:

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|  |
|  |

What other extracurricular activities are you involved in? \_\_\_\_\_

Student Athletic Trainers are often asked to work beyond normal school hours; will personal transportation be a problem for you to attend before/after school practices/events?:

YES NO

If yes, please explain: \_\_\_\_\_

Will you be able to attend before and/or after school practices and games?:

YES NO

Do you plan on having a job while being a Student Athletic Trainer?:

YES NO

If yes, would you be willing to schedule around Athletic Training duties?:

YES NO



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## ACADEMICS:

- ⚡ **APPLICANTS MUST BE IN GOOD ACADEMIC STANDINGS. PLEASE ATTACH A COPY OF YOUR REPORT CARD CONTAINING GRADES FOR THE ENTIRE CURRENT SCHOOL YEAR. PLEASE MAKE SURE YOUR GRADE REPORT INCLUDES ALL GRADES FOR BOTH PROGRESS AND 6 WEEKS REPORTING PERIODS.**

## REFERENCES:

- ⚡ 3 RECOMMENDATION FORMS MUST BE RETURNED TO THE ATHLETIC TRAINING STAFF FOR CONSIDERATION
  - PRINT AND GIVE A "RECOMMENDATION FORM" TO 3 DIFFERENT TEACHERS, COACHES, PRINCIPALS, OR COUNSELORS TO FILL OUT AND RETURN VIA SCHOOL INTEROFFICE MAIL
  - PROVIDE AN ENVELOPE WITH EACH RECOMMENDATION FORM WITH THE FOLLOWING INFORMATION PRINTED ON THE FRONT (NO STAMP REQUIRED)
    - ATTENTION: ATHLETIC TRAINER
    - DEPARTMENT: ATHLETICS
    - CAMPUS: AZLE HIGH SCHOOL
  - THESE FORMS ARE TO BE SENT BACK BY THE REFERENCE, NOT BY THE APPLICANT.
  - ANY RETURNING STUDENT ATHLETIC TRAINER MUST INCLUDE A REFERENCE FROM A COACH THAT THEY HAVE WORKED FOR.
- ⚡ PLEASE LIST THE NAMES, DEPARTMENTS, AND SCHOOLS OF THE 3 REFERENCES YOU WILL BE GIVING FORMS TO:

| <b>NAME:</b> | <b>DEPARTMENT:</b> | <b>SCHOOL:</b> |
|--------------|--------------------|----------------|
| <b>1:</b>    |                    |                |
| <b>2:</b>    |                    |                |
| <b>3:</b>    |                    |                |

## IMPORTANT NOTES:

- ⚡ If accepted into the sports medicine program:
  - you will be required to follow a specific dress code
  - you will be required to maintain a 70% or higher grade in all classes
  - you will be required to attend tutorials if your grades fall below a 70% in any class
  - you will be required to work some holidays and weekends throughout the year
  - you will follow the code of conduct
  - you will be required to be at all practices and all assigned games, in proper attire (Azle colors).
  - Three or more infractions will be removal from the program.

## PARENT/STUDENT CONSENT:

I \_\_\_\_\_ understand that I must maintain at least a 70% in all course work attempted. I understand that a Student Athletic Trainer's role requires a major time commitment, if not more, than playing a sport. I understand that as a Student Athletic Trainer, I am making a commitment to an extra-curricular program and must assume a responsible role in the daily duties, must abide by the school and program dress code, and be on time to all events, practices, and meetings. Any violation or conduct unbecoming may result in immediate dismissal from the program. **I also understand that an incomplete application will be automatically voided.**

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AZLE HORNETS SPORTS MEDICINE RECOMMENDATION FORM

Student: \_\_\_\_\_ ID # \_\_\_\_\_

To the teacher: This student is applying for the Student Athletic Training Program and is required to submit recommendations to complete their application. Please evaluate the student and return this form to the box of Tiffany Shaw, Evan Poer, or Mason Rudek. This is a confidential report and should be returned by you and not given back to the. At no time will the student be allowed to view this evaluation. Thank you for your professional assessment.

Please evaluate the following citizenship/character traits of the above named student:

|                                | Outstanding | Good | Fair | Poor |
|--------------------------------|-------------|------|------|------|
| Dependability                  |             |      |      |      |
| Honest/integrity               |             |      |      |      |
| Confidentiality                |             |      |      |      |
| Ability to follow instructions |             |      |      |      |
| Follows rules                  |             |      |      |      |
| Attitude                       |             |      |      |      |
| Maturity                       |             |      |      |      |
| Personal grooming              |             |      |      |      |
| Punctuality                    |             |      |      |      |
| Cooperation with others        |             |      |      |      |
| Verbal communication           |             |      |      |      |
| Writing skills                 |             |      |      |      |
| Sets realistic goals           |             |      |      |      |
| Problem-solving skills         |             |      |      |      |
| Self-Motivation                |             |      |      |      |

Do you have any reservations about this student participating in a medically-based program? Please comment:

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Teacher name: \_\_\_\_\_ Class: \_\_\_\_\_ School \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **AZLE HORNETS SPORTS MEDICINE RECOMMENDATION FORM**

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|---------------------------------------|--------------------|-------------|-------------|-------------|
| <b>Dependability</b>                  |                    |             |             |             |
| <b>Honest/integrity</b>               |                    |             |             |             |
| <b>Confidentiality</b>                |                    |             |             |             |
| <b>Ability to follow instructions</b> |                    |             |             |             |
| <b>Follows rules</b>                  |                    |             |             |             |
| <b>Attitude</b>                       |                    |             |             |             |
| <b>Maturity</b>                       |                    |             |             |             |
| <b>Personal grooming</b>              |                    |             |             |             |
| <b>Punctuality</b>                    |                    |             |             |             |
| <b>Cooperation with others</b>        |                    |             |             |             |
| <b>Verbal communication</b>           |                    |             |             |             |
| <b>Writing skills</b>                 |                    |             |             |             |
| <b>Sets realistic goals</b>           |                    |             |             |             |
| <b>Problem-solving skills</b>         |                    |             |             |             |
| <b>Self-Motivation</b>                |                    |             |             |             |

**Do you have any reservations about this student participating in a medically-based program? Please comment:**

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**Teacher name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **School** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# **AZLE HORNETS SPORTS MEDICINE RECOMMENDATION FORM**

**Student:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**To the teacher:** This student is applying for the Athletic Training Program and is required to submit recommendations to complete their application. Please evaluate the student and return this form to the box of Tiffany Shaw, Evan Poer, or Mason Rudek. This is a confidential report and should be returned by you and not given back to the student. At no time will the student be allowed to view this evaluation. Thank you for your professional assessment.

Please evaluate the following citizenship/character traits of the above named student:

|                                       | <b>Outstanding</b> | <b>Good</b> | <b>Fair</b> | <b>Poor</b> |
|---------------------------------------|--------------------|-------------|-------------|-------------|
| <b>Dependability</b>                  |                    |             |             |             |
| <b>Honest/integrity</b>               |                    |             |             |             |
| <b>Confidentiality</b>                |                    |             |             |             |
| <b>Ability to follow instructions</b> |                    |             |             |             |
| <b>Follows rules</b>                  |                    |             |             |             |
| <b>Attitude</b>                       |                    |             |             |             |
| <b>Maturity</b>                       |                    |             |             |             |
| <b>Personal grooming</b>              |                    |             |             |             |
| <b>Punctuality</b>                    |                    |             |             |             |
| <b>Cooperation with others</b>        |                    |             |             |             |
| <b>Verbal communication</b>           |                    |             |             |             |
| <b>Writing skills</b>                 |                    |             |             |             |
| <b>Sets realistic goals</b>           |                    |             |             |             |
| <b>Problem-solving skills</b>         |                    |             |             |             |
| <b>Self-Motivation</b>                |                    |             |             |             |

**Do you have any reservations about this student participating in a medically-based program? Please comment:**

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**Teacher name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **School** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**⚡ Please complete and return in the envelope provided by applicant by Wednesday, April 24, 2019.**



# **AZLE HORNETS SPORTS MEDICINE**

## **Duties and Expectations**

**Student:** \_\_\_\_\_ **ID #** \_\_\_\_\_

The following are duties and expectations of an Athletic Training Student. You are part of a team. Your athletic training team and your assigned sports team.

- **Talk to the coach of your assigned sport. Get on their Remind/First Touch app. You are responsible for knowing when and where you are leaving from.**
- **Dress appropriately.**
  - **Indoor Sports:** Always wear athletic training issued polo, black slacks and tennis shoes.
  - **Outdoor Sports:** when cold, wear Azle colors and stay warm. Warmer weather, jeans with no holes and your current sport T-shirt or issued polo. When it's hot, black or khaki shorts (close to finger tips), issued polo and tennis shoes.
  - **Must be in school dress code at all times.**
  - **No hoop nose rings (Must be in school written dress code at all times).**
  - **BE PROFESSIONAL.**
- **Home Games:** during your AT class, stock your kit and get your water, injury ice with bags, water bottles and towels ready.
  - **Be here ONE hour before your game starts to setup.**
- **Away Games:** Know when you're leaving. Get your classwork, stock kit, water bottles, towels, and make sure coach has the AED. Take snacks, blanket, warm clothes, ect.
  - **Call parents to pick you up when you're close to Azle. Do NOT make coaches wait on you to be picked up.**
  - **Think ahead...the training room may not be open for you to get your stuff before or after your game.**
  - **BE PREPARED**
- **At the game:**
  - **Sit or stand by your bench. Take care of any needs your team has. If an injury happens, tell the coach and see if you need to go find an adult Athletic Trainer.**
  - **Offer water and make sure water is filled up. Make ice bags if needed. Call us, your ATs if there are any major injuries.**
  - **Absolutely NO phones on the bench during the game! NO PHONES to be used unless an emergency ( you can check your phone at half time).**
  - **NO eating during your game! Eat before you have to setup your sport.**
  - **Get to know your athletes and their names.**
  - **Have fun and enjoy the game. You have to make yourself part of the team.**
- **Everyday you need to be practicing taping an ankle or practice what we have showed you.**
  - **PRACTICE**
- **There are not many reasons why you should be missing games. You have a calendar. Plan ahead. You made a commitment to be a student athletic trainer. Your athletes, coaches and us count on you to be at your practices and games.**
- **Three or more infractions will be removal from the program.**

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_