**Friendswood High School Student Athletic Trainer Application**

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_**

**Student’s T- Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 1 email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 1 cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 2 email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PLEASE ANSWER THE FOLLIWNG QUESTIONS:** |

**Write a brief statement on why you want to be a Student Athletic Trainer?**

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**What extra-curricular activities are you, or you plan to be involved in at school and away from school?**

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**What do you plan to pursue following graduation?**

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**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 practice/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**

**Do you have a problem with seeing serious injuries including blood or broken bones?**

 **YES NO**

**Are you capable of doing manual labor (carrying heavy coolers, standing for long periods of time, and working outside in the heat, cold, or rain)?**

 **YES NO**

**Please provide any other information about yourself that you feel would be valuable to the Staff Athletic Trainers.**

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| **PARENT/GUARDIAN TO FILL OUT:** |

**The student athletic trainers at Friendswood High School are expected to be at all practices, games, and treatment times that they are scheduled for. Due to the nature of high school athletics, your student may be required to work nights and weekends and may arrive home late from events due to travel distances. Additionally, we host several tournaments/events throughout the year in various sports. Student athletic trainers may either be assigned to work or will be given the opportunity to sign up to work these events. Do you understand the commitment required to participate in the student athletic training program?**

 **YES NO**

**Student athletic trainers are part of an extra-curricular activity and are required to abide by all UIL rules (physicals and grade requirements), all FHS policies, and all FHS athletic training room policies as set forth in the FHS Athletic Training Handbook. Do you understand that the student athletic trainer will be expected to follow all UIL and FISD eligibility policies?**

 **YES NO**

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**STUDENT ATHLETIC TRAINER SIGNATURE DATE**

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**PARENT/GUARDIAN SIGNATURE DATE**

***Please return completed application to the FHS Athletic Training Room. You will be notified by email with times/dates of any follow up interviews.***