

OUACHITA PARISH HIGH SCHOOL

Application for Athletic Training Education Program (Fulfills a PE requirement or Sports Medicine III)
(Return to Coach Phil Shaw in the training room, no later than March 29, 2021)

NAME: _____

GRADE NEXT YEAR: _____ GPA: _____

***This application is for the sports medicine program. By filling out and turning in this application, you are applying to be a student athletic trainer which is an afterschool activity. **There will be a fee of \$350 to cover apparel, shoes, etc.**

Please make sure your parent(s) and teacher's who recommend you sign this form***

Please check the appropriate answer:

- | | | |
|--|-----|----|
| 1. Are you wanting to make sports medicine a career choice? | YES | NO |
| 2. Will you be willing to participate in after school activities? (until about 5:30PM) | YES | NO |
| 3. Are you comfortable with handling duties such as filling coolers, disinfecting equipment, etc? | YES | NO |
| 4. Are you comfortable with wound care and injuries? | YES | NO |
| 5. Have you ever been referred by a teacher for the purpose of poor conduct? | YES | NO |
| 6. Are you involved with any extra-curricular activities? Please list:
_____ | YES | NO |
| 7. Do you plan on having an afternoon job? If so, how many hours a week do you plan to work? _____ | YES | NO |
| 8. Are you willing to be a hard worker and accept constructive criticism? | YES | NO |

Please provide three character references from school (teacher, coach, administrator, sponsor, etc)

- 1. _____
- 2. _____
- 3. _____

I understand that this is an application and no guarantee to be selected to the Sports Medicine program. I understand that I must participate in the try-out session during spring football practice. I will be responsible for any skills learned and committed to the additional time required in the sports medicine program.

Student Signature

Date

Parent Signature

Date

Contact Phone Number & Email Address: _____