



# DAWSON EAGLE SPORTS MEDICINE

## ATHLETIC TRAINING STUDENT AIDE APPLICATION

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

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID number: \_\_\_\_\_

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 #: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

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

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Write a brief essay on why you want to be an Athletic Training Student Aide (use the back if necessary):


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


What do you plan to pursue following graduation?


What is your definition of athletic training (please explain):


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 STANDING AND HAVE AN 85 OR ABOVE GRADE AVERAGE. PLEASE ATTACH A COPY OF YOUR SKYWARD REPORT CARD CONTAINING GRADES FOR THE CURRENT SCHOOL YEAR. PLEASE MAKE SURE YOUR GRADE REPORT INCLUDES ALL GRADES FOR BOTH PROGRESS AND EACH REPORTING PERIOD.**

### REFERENCES:

- 🔊 3 RECOMMENDATION FORMS MUST BE RETURNED TO THE ATHLETIC TRAINING STAFF FOR CONSIDERATION
  - STUDENTS WILL PROVIDE 3 DIFFERENT TEACHERS, COACHES, PRINCIPALS, OR COUNSELORS WHO CAN PROVIDE A RECOMMENDATION ON THEIR BEHALF IN REGARDS TO CHARACTER/INTEGRITY/WORK ETHIC AND OVERALL READINESS TO BE APART OF OUR SPORTS MEDICINE PROGRAM
  - ONCE REFERENCES ARE PROVIDED DAWSON EAGLE SPORTS MEDICINE WILL EMAIL RECOMMENDATION FORMS TO LISTED REFERENCES WITH INSTRUCTIONS TO SEND COMPLETED FORMS BACK VIA EMAIL/INTER-OFFICE MAIL.
    - **ATTENTION: Roderick Williams MS, LAT**
    - **DEPARTMENT: ATHLETIC TRAINING – Dawson High School**
  - THESE FORMS ARE TO BE SENT BACK BY THE REFERENCE, NOT BY THE APPLICANT.
- 🔊 PLEASE LIST THE NAMES, DEPARTMENTS & SCHOOLS OF THE 3 REFERENCES YOU WANT RECOMMENDATION FORMS SENT TO:

NAME:	DEPARTMENT:	SCHOOL:
1:		
2:		
3:		

### IMPORTANT NOTES:

- 🔊 If accepted into the sports medicine program:
  - you will be required to follow a specific dress code
  - you will be required to purchase a clothes package containing game/practice attire
  - you will be required to maintain a 75% or higher grade in all classes
  - you will be required to attend tutorials if your grades fall below a 75% in any class
  - you will be required to work some holidays and weekends throughout the year

### PARENT/STUDENT CONSENT:

I \_\_\_\_\_ understand that I must maintain at least a 75% 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. ***Also understand that an incomplete application will be automatically voided.***

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

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

***Please complete and return this application with a copy of your skyward report card to:***

Dawson Eagle Sports Medicine  
2050 Cullen Boulevard  
Pearland, TX 77581



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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 *Roderick Williams MS, LAT* in the Athletic Training Clinic. This is a confidential report and should be returned by you and not given back to the student to return. 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, please provide any information you feel is important in regards to this student's overall readiness to participate in our athletic training program:

	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: \_\_\_\_\_

**✉ Please complete and return via E-mail /Inter-Office mail in the envelope provided by applicant as soon as possible to:**

*Roderick Williams MS, LAT  
williamsr@pearlandisd.org  
Dawson Eagle Sports Medicine  
Dept: Athletic Training*