



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):

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

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What sets you apart from everyone else?

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

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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 STANDING AND HAVE AN 85 OR ABOVE GRADE AVERAGE.**

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 to:

*Dawson High School
Dept: Athletic Training
Christina Decoteau MS, LAT, ATC
2050 Cullen Boulevard
Pearland, TX 77581
Or email:
decoteauc@pearlandisd.org*