

ANGLETON SPORTS MEDICINE  
STUDENT ATHLETIC TRAINER APPLICATION

Name: \_\_\_\_\_

Current Grade: 8      9      10      11      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Shirt Size: Mens \_\_\_\_ Ladies \_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

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

Student I.D. #: \_\_\_\_\_

*If you need more space to complete any of the information below or want to add any additional information, please feel free to attach a separate sheet of paper.*

**\*\*\*\*\*Have your counselor or AP initial by the three questions relating to office referrals, absences, and class failure.\*\*\*\*\***

Have you ever had an office referral, been in GSC, or suspended from school? Yes

No

If yes, please explain:

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How many days have you been absent this year?

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Have you ever failed a class? If yes, what class and year?

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List any athletic training and/or medical experience that you feel may help you in your Sports Medicine duties.

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Briefly explain why you want to be a Student Athletic Trainer:

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If selected, what do you expect to learn (or do) as a Student Athletic Trainer?

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What are your plans after High School (College, Career, Military, etc.)?

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List any extracurricular activities, clubs/organizations, and/or jobs in which you are involved in.

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How do you manage your time?

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How well do you take constructive criticism (feedback from others on what or how you can improve) from peers? From adults?

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Do you work well under pressure? Give an example

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What are your strengths? What are your Weaknesses?

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You will need 3 references completed and turned in with this application.  
The following pages are the reference pages to be filled out by the following people:

1 must be a Coach for Angleton ISD

1 must be a teacher for Angleton ISD

1 may be of your choice but cannot be related to you

I understand that the members of the Sports Medicine Program in Angleton ISD are selected by the Licensed Athletic Trainers employed by the district. Members can be dismissed from the program by the Licensed Athletic Trainers for violation of present and future policies set forth by the Athletic Department and/or Sports Medicine Program of Angleton ISD. If selected, I agree to follow all policies, procedures, and duties as assigned to me to the best of my abilities. In signing, I agree with and understand all policies and/or qualifications stated above, and all the information is correct. If any of the above information is incorrect or changes, I will notify the Licensed Athletic Trainer at the earliest possible convenience.

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Student Signature	Date
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Parent or Guardian Signature	Date
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**Angleton Sports Medicine**  
**Student Athletic Trainer Application**  
**Reference Form**

This student is applying to be part of the Student Athletic Training program at AHS. Please fill out the following form to the best of your knowledge about this person's abilities and characteristics.

**\*\*When completed, please fold the paper, staple it for privacy, and place it in my box or return to student\*\***

**Thank you! –Jessica Frankum MAT, ATC, LAT**

Student Name: \_\_\_\_\_ Current Class Year: \_\_\_\_\_

Name of Person completing form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_

How well do you know this student? Very well \_\_\_\_\_ moderately well \_\_\_\_\_ Not very well \_\_\_\_\_

**Rating Scale**

When rating the applicant on various personal characteristics, use the following rating scale: 5 =

Outstanding 4 = Above Average 3=Average 2= Poor 1 = Not applicable (N/A)

Confidence	5	4	3	2	1
Personal Appearance/Dress	5	4	3	2	1
Initiative	5	4	3	2	1
Responsibility	5	4	3	2	1
Interpersonal Skills	5	4	3	2	1
Integrity	5	4	3	2	1
Time Management	5	4	3	2	1
Accepts Constructive Criticism	5	4	3	2	1
Courteous and Respectful	5	4	3	2	1
Willingness to Learn	5	4	3	2	1
Dependability	5	4	3	2	1

Evaluators Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you recommend this student for the student Athletic Training Program? \_\_\_\_ YES \_\_\_\_ NO

Additional comments/concerns:

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Dependability

5

4

3

2

1

Evaluators Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you recommend this student for the student Athletic Training Program? \_\_\_\_ YES \_\_\_\_ NO

Additional comments/concerns:

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Dependability

5

4

3

2

1

Evaluators Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you recommend this student for the student Athletic Training Program? \_\_\_\_ YES \_\_\_\_ NO

Additional comments/concerns:

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