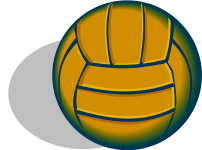


Westwood High School

ATHLETIC TRAINING



Student Athletic Trainer Application

NAME: _____ **DATE:** _____

AGE: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

GRADE AVERAGE: _____

MAILING ADDRESS: _____

HOME PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

OCCUPATION: _____

PLEASE ANSWER THE FOLLOWING

WHAT OTHER EXTRACURRICULAR ACTIVITIES ARE YOU INVOLVED IN AND WHEN ARE THEY CONDUCTED?

WHY WOULD YOU LIKE TO BE A STUDENT TRAINER AT WESTWOOD HIGH SCHOOL?

DOES SPORTS MEDICINE INTEREST YOU AS A PROFESSION AFTER YOU GRADUATE FROM HIGH SCHOOL?

WHAT DO YOU WANT TO BE AFTER YOU GRADUATE ?

HOW DO YOU RATE YOURSELF ON THESE QUALITIES?

QUALITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
Attendance				
Honesty				
Dependability				
Initiative				
Maturity				
Independence				
Self-motivation				
Academics				

TIME COMMITMENT

The student trainer is **REQUIRED** to be at all practices, treatments and games they are assigned to unless they have been given permission to miss that assignment.

There are both before school practice and after school practices that you may be assigned to at times. Also, there are some Saturday contests and practices.

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GRADE REQUIREMENT

It is the responsibility of the student trainer to remain eligible by passing all classes while in the program. In the event of a failure, the student trainer may not cover games during the next three weeks.

SIGNATURES

PARENT/GUARDIAN: _____ **DATE:** _____

APPLICANT: _____ **DATE:** _____