

**CHRISTIAN BROTHERS**

*Sports Medicine*

*Student Athletic Trainer Application*

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

19-20 Grade: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Please mark which seasons you are interested in. You must be available for at least 2 seasons:

\_\_\_\_\_ Fall (football, girls volleyball)

\_\_\_\_\_ Winter (girls & boys basketball, girls & boys soccer)

\_\_\_\_\_ Spring (softball, baseball, girls & boys LAX, boys volleyball, rugby)

What club, work, retreat or athletic commitments have you made or plan on during the 2019-2020 school year?

Fall:

Winter:

Spring:

How specifically did you become aware of the CBHS Sports Medicine Program? And have you applied previously?

Why are you interested in becoming a student athletic trainer?

What are 2 goals that you have while being a part of the CBHS Sports Medicine Program?

What are your career aspirations?

List 2-3 qualities that you have that you believe will make a successful student athletic trainer and why?

\*\*\*I have read the Policies and Procedures and understand the time commitment that is required. \*\*\*

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

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