

CHRISTIAN BROTHERS

Sports Medicine

Student Athletic Trainer Application

Name: _____ '18 - '19 Grade: _____

Email address: _____ Cell Phone number: _____

Please mark which season, or seasons, you are interested in working:

_____ Fall (football, girl's volleyball)

_____ Winter (basketball & soccer)

_____ Spring (softball, baseball, lacrosse, boy's volleyball & rugby)

What clubs, work, retreats or athletic commitments have you made or plan on during the 2018-2019 school year?

Fall:

Winter:

Spring:

How specifically did you become aware of the CBHS Sports Medicine Program?

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: _____