

College Park Sports Medicine

Student Athletic Trainer Information & Parent Questionnaire

The Sports Medicine staff thanks you for your interest in our program! We ask that you give us more information about you, why you want to be a Student Athletic Trainer, as well as a teacher recommendation letter describing your qualities.

| | | | | | |
|-----------------------|----------------|----------------|-------|------------------------|--|
| Student Name: | | DOB: | | 2024-'25 Grade: | |
| Parent Name: | | Gender: | M / F | Shirt Size: | |
| Home Address: | Street Address | City | State | Zip | |
| Student Phone: | | Email: | | | |
| Parent Phone: | | Email: | | | |

We request at least one, no more than two, teacher/coach letters of recommendation.

On a separate paper, neatly write or type a brief essay about yourself. Please feel free to tell us any valuable information that you would like in addition to the following required questions:

1. Have you ever received a D or F in any class?
2. Have you ever received ISS or any other disciplinary action?
3. Describe your work ethic outside of school - example - have you ever had a job before?
If so, what kind and what were/are your responsibilities?
4. Do you have a problem with seeing serious injuries including blood or broken bones?
5. Are you capable of doing manual labor (carrying coolers, standing for long periods of time, and working outside in the heat and cold)?
6. Do you understand that you may be required to work nights, weekends and/or vacations (including Thanksgiving, Christmas, and Spring Break)?
7. Do you foresee having any conflicts with being an athletic trainer (attending practices/staying after school/transportation/etc.)?
8. Are you/will you be involved in any other extracurricular activities at CPHS?
9. What do you think an Athletic Trainers does?
10. What do you think a Student Athletic Trainer does?
11. Why do you want to be a Student Athletic Trainer?
12. What are your strengths?
13. What are your weaknesses?

Please attach the essay and teacher recommendation letter to this form and return to the College Park Sports Medicine Staff. You may mail, fax, or email it to us.

Thank you,

*CPSM Staff
Go Cavs!!*

The Woodlands College Park High School
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The Woodlands, TX 77384
Office: (936)709-3160
Fax: (936)709-3044
Website: www.cpsportsmedicine.com



ATHLETIC
cavaliers
TRAINING

----- **Parent/Guardian** -----

The student athletic trainers at College Park High School are expected to be at all practices, games and treatment times that they are scheduled. Due to the nature of high school athletics, your child may be required to work nights, weekends and vacation times. He/she may be required to work practices and may arrive home late from events. Will transportation be a problem for early morning/late night events? YES / NO

IF "YES" PLEASE EXPLAIN: _____

Your student will be asked to lift equipment, coolers, work outside in the various types of weather that we experience here in Texas. Does your student have any health concerns/problems that would prevent them from being a student athletic trainer? YES / NO

IF "YES" PLEASE EXPLAIN: _____

The student athletic trainer program is an extra-curricular activity and is required to abide by all UIL rules, including all grade requirements, all CPHS policies governing extra-curricular activities, and all training room policies as set forth in the CPHS Sports Medicine Handbook. Once accepted into the program, these policies will be explained to both the student and their parent/guardian.

IMPORTANT NOTES

- Your child, if accepted, will be required to follow a dress code.
- Your child, if accepted, will be required to maintain a 70% or higher in all classes.
- Your child, if accepted, will be required to work some holidays throughout the year.

Please have completed application returned to CPHS Sports Medicine no later than **May 1st, 2024**.

Final notification of acceptance will be given no later than **May 10th, 2024**.

If there are any questions or comments please contact the CPHS Athletic Training Room at: (936)709-3160 or by email at jmcdonald@conroeisd.net

Student Signature

Parent Signature

Date

Date