Athletic Training Student Aide Application

Qualifications

Student Aides for Mesa Ridge High School must:

1. Be willing and able to work long hours on any day of the week. This includes evenings, school holidays, and weekends. All ATSAs should be able to work two sports seasons (Fall, Winter, Spring).
2. Be willing to engage in hard work.
3. Be able to work well with others in a wide variety of work settings (sports).
4. Be enthusiastic, show interest in Sports Medicine, and have an overall positive attitude.
5. Be neat and clean in personal appearance (hair, makeup, clothing, hygiene, etc.).
6. Be able to establish and maintain a good relationship with all athletes, coaches, and other staff members.
7. Represent the Grizzly Way at all times, and follow the instructions of the Certified Athletic Trainer, and other members of the coaching staff.
8. ATSAs that are maintaining jobs, or involved with other school and/or community activities will be accepted. A schedule will be worked out on an individual basis. However, a limit will be set as to the number of games and practices that can be missed.

Selection Process

1. Interested students must meet all the qualifications mentioned above.
2. Interested students must complete the application in full, including student and parent (guardian) signatures.
3. School officials (teachers, principals, counselors, coaches, etc.) will be consulted regarding the prospective student’s grades, conduct, attitude, etc.
4. All applicants will have a personal interview with the Certified Athletic Trainer and interview with a panel of current Student Aides.
5. A parent meeting may also be held to inform parents as to the requirements and content of the Sports Medicine Program.
6. After the interview process, the Certified Athletic Trainer, will select a group of applicants to work on a probationary period of two weeks to evaluate future potential as well as to give the student exposure to what is required of an Athletic Training Student Aide.
7. After the probationary period, the Certified Athletic Trainer will then decide upon the best qualified applicants in relation to the number of Student Aides needed to best staff the Sports Medicine needs of the program.

Athletic Training Student Aide Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: 9 10 11 12

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: XSM SM MED LG XLG XXLG

Phone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student I.D. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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.*

List the courses currently enrolled (or last completed) as well as your teacher names, academic grades, and conduct grades as necessary.

Course Teacher Academic Grades Conduct

6 Weeks / Semester

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List two references (preferably teachers or coaches):

Name Occupation Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any athletic 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 Aide:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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What are you plans after High School (College, Career, Military, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any activities, hobbies, interests, or jobs in which you are involved. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that the members of the Sports Medicine Program in Mesa Ridge High School are selected by the Certified Athletic Trainer employed by the district. Members can be dismissed from the program by the Certified Athletic Trainer for violation of present and future policies set forth by the Athletic Department and/or Sports Medicine Program of Mesa Ridge High School. 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 Certified Athletic Trainer at the earliest possible convenience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date Parent or Guardian Signature Date