# Brazoswood High School Athletic Training Application

# **Summary of the Program**

The Brazoswood High School Athletic Training Program gives high school students a different perspective of the sports world by being a part of the medical team supporting athletes. This program will provide you an opportunity to become CPR and AED certified, become familiar with wound care and first aid, expose you to knowledge geared towards managing conditions influenced by environmental conditions. You do not have to be interested in sports or the medical field to be a part of this program. Our students always say they appreciate the friendships that flourish from this program due to the hours spent with each other.

#### THINGS TO CONSIDER WHEN APPLYING:

\*This program does require a lot of dedicated time. Typically, all students work football during the football season. Then, every student is assigned a second sport based on seniority and requests. If you are a multi-sport athlete, this can pose a challenge with scheduling. We are willing to work with athletes if football season is viable. Since they are an athlete, their sport they play may count as their second assigned sport unless they request to work an additional sport not conflicting with their games. The same applies to cheerleading, band, and colorguard.

\*If a student misses a scheduled day to work, they must make up for their missed time. This is done in order to ensure every student dedicates time to the program with the reward being game day coverage.

\*We follow the "<u>no-pass-no-play</u>" rules set for the district. If a student fails, they are not allowed to cover games, but they are still expected to work practices unless it is established that the student will attend after school tutoring.

# BRAZOSWOOD HIGH SCHOOL APPLICATION FOR ATHLETIC TRAINING

Applications accepted from March 1-April 30th. Turn in to your school's nurse or drop off at the Brazoswood High School Field House Front Office or Athletic Training Room.

### **STUDENT INFORMATION:**

NAME:			
Last	First	MI	
BIRTHDAY://		STUDENT ID:	
E-MAIL:		PHONE:	
CURRENT MAILING ADDRES	SS:	Street	
		Succi	
City	State	Zip	
GRADE:			
SCHOOL CURRENTLY ATTEN	NDING:		
SHIRT/JACKET SIZE:			
PARENT/GUARDIAN INFOR	MATION:		
NAME:			
E-MAIL:			
PHONE:			

Pleas	se complete the following questions by providing an honest evaluation of yourself.
1.	How did you make your decision to apply to Brazoswood's Student Trainer Program?
-	In your own words, provide your own explanation of the athletic training profession and what you feel it is about?
-	List and describe 2 strengths and 1 weaknesses you feel you have.
	What is/are your career goals/hopes/dreams?
	What extracurricular activities are you, or do you plan to be involved in at school and/or away from school?

#### RELEASE OF INFORMATION

I	,	permit Brazoswood High School and Staff of the Athletic Training
Program to access my aca	demic information	as criteria for acceptance into the program for each semester that l
am enrolled in the prograi	n. I understand thi	s information will be kept confidential and will be used only to
evaluate my status in the l	Program	Initials
afternoons, evenings, and	possibly holidays.	ring the week and weekend, which may include mornings, . I also understand that I may be asked to travel as part of my the scope of my experience is limited as defined in the <i>Policy and</i>
Procedure Manual.	Initials	
Student signature		Date

## **LETTER OF REFERENCE(2)**

Include (2) two completed recommendation forms for each chosen person as a reference regarding your potential as an athletic training student. Please complete the top part and sign the waiver yourself, prior to giving the Recommendation form to your chosen reference. Inform those persons to place the completed Recommendation form in a <u>SEALED ENVELOPE WITH THEIR SIGNATURE WRITTEN ACROSS THE SEAL</u>. Include all recommendations with your completed Application form. LETTER OF REFERENCE CAN NOT BE DONE BY A FAMILY MEMBER!!!

Return all athletic training application material to:

#### Jordyn Myska, MAT, LAT, ATC

Assistant Athletic Trainer Brazoswood High School-Field House Athletic Training Room 979.730.7305 jordyn.myska@brazosportisd.net

OR

School Nurse at your designated Junior High

# BRAZOSWOOD ATHLETIC TRAINING PROGRAM Recommendation Form

TO THE STUDENT: PLEASE DISTRIBUTE THIS FORM TO THOSE INDIVIDUALS THAT YOU HAVE ASKED TO SUBMIT

RECOMMENDATIONS FOR YOUR ADMISSION TO THE Brazoswood ATHLETIC TRAINING PROGRAM. Applicant's Name Address Applicant's signature\_\_\_\_\_\_ Date\_\_\_\_ TO THE EVALUATOR: The above-mentioned applicant has chosen you as a reference for admission to the Brazoswood Athletic Training Program. Your reference could be the enabling factor for the applicant's admission. Please understand that this program interaction with coaches, administration, athletes, physicians, and other athletic training/health care professionals. With your best knowledge and ability, please complete the following: Position\_\_\_\_ Place of Phone Email\_ How long have you known the applicant?\_\_\_\_\_

In what capacity?

#### PLACE A CHECK IN THE BOX THAT BEST DESCRIBES THE APPLICANT.

	Excellent	Above Average	Average	Below Average	Way Below Average	Unable to Judge
	5	4	3	2	1	
Academics (All passing grades)						
Cooperation						
Dedication						
Dependability or Trust						
Punctuality (Including tardies)						
Enthusiasm						
Takes Initiative						
Potential as a leader/Leadership						
Self confidence						
Maturity						
Professionalism						
Written communication skills						
Verbal communication skills						
Time management skills						
Willingness to serve/help others						

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*Please list any attributes or characte Training Program (our students help *Please list any traits or characteristi	us as well as	other various	s students in a	a sports and r	nedical settin	g).
*Would you admit this student into y	our own aca	demic progra	m? Please ex	plain your re	sponse.	
*Is this someone you would trust to why?	complete a pi	roject withou	t supervision	on their own	before a dead	lline and
Additional Comments:						

Please enclose this recommendation in a **sealed envelope**. **Sign across the seal** and return to the applicant. It is the applicant's responsibility to ensure that your recommendation will be included with application package.

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# BRAZOSWOOD HIGH SCHOOL ATHLETIC TRAINING PROGRAM

# **Application Checklist**

### WHAT TO SEND TO THE BRAZOSWOOD ATHLETIC TRAINING PROGRAM:

☐ Completed Student Trainer Application
☐ Application Questionnaire
☐ Two (signed & sealed) forms of recommendation
lease keep all paperwork bound together by a staple, folder, or manilla folder to prevent any aspect of the

\*Please keep all paperwork bound together by a staple, folder, or manilla folder to prevent any aspect of the application to be lost between transfer from the junior high to the high school! Incomplete applications will not be considered.\*