



Notre Dame Academy
Athletic Training Student Aide Application

*** Please fill application out completely and attach two letters of recommendations ***

Name: _____ Current Grade: 8 9 10 11

Age: _____ Date of Birth: ____/____/____

Shirt Size: XS SM MED LG XLG XXLG Pant Size: XS SM MED LG XLG XXLG

Phone Number (_____) _____ Email _____

Parent's Name(s): _____

Parent(s) Contact Number: _____

Parent(s) Email: _____

Please read the following requirements for joining the Sports Medicine Team.

1. Must complete a Sports Medicine Summer Camp that includes CPR/First Aid Certification. If unable to attend, must attend CPR/First Aid Training at Notre Dame Academy.
2. Uniform: must purchase all required Sports Medicine attire for that school year.
3. Must commit to a season of Sports Medicine, attending all practices and games. You must also not be committed to another sport during that season.

FALL WINTER SPRING

4. At the end of every semester any student who is not passing a class must be put on a probationary period until grades return to passing. This is an extracurricular activity and school will always come first.
5. Must read and sign with parental consent the Athletic Training Student Aide Policy and Procedures Manual.

List any athletic and/or medical experience that you feel may help you in your Sports Medicine duties:

Briefly explain why you want to be a Student Athletic Training Aide:

If selected, what do you expect to learn (or do) as a Student Athletic Training Aide?

Briefly List your strengths and weaknesses:

List any extracurricular activities or jobs in which you are involved.

I have filled this application out with complete honesty and understand the commitment that is required from joining the Sports Medicine program. **I will schedule an interview time with the athletic trainer after turning in my application.** 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 Athletic Trainer at the earliest possible convenience.

STUDENT NAME _____

STUDENT SIGNATURE _____ DATE _____