

Eaton High School Sports Medicine Program Student Trainer/ Manager Application

Name: _____ Date: _____ Grade: _____

Address: _____

Home Phone#: _____ Parents Cell Phone# _____

Parents/ Guardian: _____ Relation: _____

(Student's email and cell will only be used for practice and game notifications)

Students email: _____ Students Cell Phone # _____ (text Y N)

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(Please Print Neatly)

Why do you want to be a student trainer/ manager? (At least 25 words)

What qualities do you possess? (At least 25 words)

Are you willing to be a committed member of the team? (be at all practices, games, do as you are asked by the certified athletic trainer and coaches)

What other after school activities are you involved in? (i.e. Band, job at KFC)

Please list in order which sports you're interested in working with.

1. _____

2. _____

3. _____

Are you willing to attend a summer workshop to learn about Athletic Training? (Yes or No)

Below have 3 people (not students) at Eaton Community Schools fill out their recommendation line.

1. Printed Name: _____ Signature: _____

2. Printed Name: _____ Signature: _____

3. Printed Name: _____ Signature: _____