Sports Medicine

Northwest High School
Athletic Training Student Application

Name: _____ Grade: _____ Age: _____ Birthday_____

Address: _____ Student ID#:_____

Student Cell: _____ Email: _____

Parents/Guardians Name: _____ Cell Phone: _____

Guardian 1 Email: _____ Guardian 2 Email:_____

Middle School Attending (If in 8th Grade):_____

UnderArmour Apparel Sizes Men's Cut (IF Ladies Cut is unavailable, we will order a size smaller)

Circle each-											
T-Shirt Size:	*Mens:*	S	M	L	XL	XXL	*Ladies:*	S	M	L	XL	XXL
Polo Size:	*Mens:*	S	M	L	XL	XXL	*Ladies:*	S	M	L	XL	XXL
Sweat Shirt Size:		S	M	L	XL	XXL	Other:_____					
Jacket Size:		S	M	XL	XXL	Other:_____						
Sweat Pant Size:		S	M	XL	XXL	Other:_____						

Do you plan on playing any sports in high school or be involved in any other extracurricular activities? YES or NO

If "Yes" please explain:

_____

_____

Will transportation be a problem for early morning/late night events? YES or NO

If "Yes" please explain:

_____

_____

Do you have any medical conditions? YES or NO if so explain: _____

_____

Do you take any medication we need to be aware of? (Ex. Diabetes, Asthma, Anxiety)_____

_____

Have you ever failed a semester or two consecutive 6 weeks/9 week period? YES or NO
If "Yes" explain.

_____
_____

Have you ever been given ISS, Suspension, DAEP or any other disciplinary action? YES or NO
If "Yes" how many and why?

_____
_____

Current Class Schedule:

1st Period_____ 2nd Period_____

3rd Period_____ 4th Period_____

5th Period_____ 6th Period_____

7th Period_____ 8th Period_____

Electives Next Year:

_____
_____

Please also complete the three mandatory tasks:

1. Answer the following question on the next page, or attach a separate typed paper
   "*Why do you want to be an athletic training student for Northwest High School?*"
2. Obtain <u>TWO</u> letters of recommendation. (Can be emailed, attached, or hand delivered to NHS AT Staff)
3. Attach a copy of your most recent report card.

Why do you want to be an athletic training student for Northwest HS?

Name:_____ Grade:_____ Today's Date:_____

DON'T FORGET:

-Attach a copy of your most recent **Report Card**

-Send in **2 Letters of Recommendation**.

This must be completed for consideration into the NHS Athletic Training Program.

Parents/Guardian Permission for Application

To be an athletic training student requires a big commitment from both students AND parents. This commitment consists of many early mornings and late nights at various times throughout the year, as well as, working on Saturdays and some holidays/school breaks. Also some traveling with the teams.

Your son/daughter will be required to maintain a passing average, 70% for regular classes and 60% for Pre-AP, On Ramps, or AP classes. Athletic training students are held to the same rules and regulations required by UIL and Northwest Athletics.

By signing below you are stating that you understand the commitment required and agree to your son/daughter applying to become a part of the Northwest Athletic Training program.

_____ _____

Parent/Guardian Signature Date

Return application by one of the following options

1. Scan and email application to either Coach Gus Stevenson rstevenson@nisdtx.org or Coach Tahnee Beal tahnee.beal2@nisdtx.org
2. Hand deliver application to the athletic training room at NHS

** It is your responsibility to make sure the NHS Athletic Training staff receives your application and letters of recommendation by the deadline date**

If any questions, please reach out to Coach Stevenson or Coach Beal via email.