



WAR EAGLE SPORTS MEDICINE
STUDENT ATHLETIC TRAINER APPLICATION



STUDENT APPLICANT -----

Name: _____ ID#: _____

Sex: M F Shirt Size (adult): _____

Student Email: _____

Parent Email: _____

Have you received a D or F on a report card in any class? Yes No If "Yes" please explain:

Have you ever been given an ISS, OSS, DAEP? Yes No If "Yes" – How many times/Why?

Please list 2 teachers and have them complete the attached recommendation form. 1 must be a core teacher, the other can be anyone else involved with the school.

Name _____ Subject/Position _____

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ON THE BACK OF THIS SHEET OF PAPER – Neatly write a brief summary including:

- 1) How did you hear about the War Eagle Sports Medicine Program?
- 2) Why do you want to be a Student Trainer?
- 3) Describe your strengths and weaknesses.

PARENT/GUARDIAN -----

Your student will be required to work after school, weekends, holidays, early mornings and/or late nights.

1) Will transportation be a problem? YES NO

If "Yes" please explain: _____

*Please complete this application and return to:
 Oak Ridge High School – 27330 Oak Ridge School Road Conroe, TX 77385 or fax to 832-592-5445*

Rebecca Mathews ATC, LAT
 832-592-5438 – office
 rmathews@conroeisd.net

Dani Blackwell ATC, LAT
 832-592-5467 – office
 dkblackwell@conroeisd.net

Todd Murrell LAT
 832-592-5562 - office
 todmurrell@conroeisd.net

 Student Signature

 Parent Signature



WAR EAGLE SPORTS MEDICINE
STUDENT ATHLETIC TRAINER
Teacher Reference Form



Student Name: _____

Teacher Name: _____

Please check the following attributes that you feel this student exemplifies:

- Organized
- Attention to Detail
- Team Player
- Hard Working
- Reliable

Has this student had any discipline issues in your class?

- No
- Yes, if so please explain

Any additional Comments that you would like to share with us?

Teacher Signature

Date



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