

Dear Parents,

Your child has expressed interest in becoming an Athletic Training Student Aide at Judson High School. This program offers the unique opportunity to participate in the athletic program while acquiring knowledge in first aid, recognition, treatment, and rehabilitation of sports related injuries. The student aide program encourages responsibility, fosters time management skills, and provides an opportunity for enhanced personal growth.

We are looking for students who have an interest in sports medicine, physical therapy, students who want to go into a medical profession or students who want to help our student athletes.

This is a volunteer program that requires long hours in the fall and spring semester, but by entering the athletic training student aide program your student accepts the challenge of being a part of Judson athletics and the tradition that it represents. This also allows your student to gain practical experience that will help in their college career.

Please note that all students will be required to work football which includes practices before the school year starts. There will be no exceptions to this. Student aides are required to work football, then will be assigned a second sport. While in season, time commitments are approximately 15 hours per week outside the school day. Some holidays and weekends will be required throughout the year. Students are expected to stay until after the players leave and training room duties are completed.

While a part of the student aide program, your student will be required to follow all school and athletic codes of conduct as well as UIL rules and regulations. Great Academics, Attendance and Behavior are of utmost importance to us and your student may be put on probation if one of these becomes an issue. There will be a specific dress code to be followed during practices and games in order to maintain the professional appearance.

The students will go through a re-evaluation process each year to determine if they will continue in the sports medicine program. Part of this process will include an application to be filled out by the student as well as recommendations by teachers.

We are so excited that your student has taken an interest in to the world of sports medicine. Thank you for your support of our program.

Sincerely,

Carrie Eder

Marines Perez-Torres

I have read the guidelines and give my permission for _____ to participate as an Athletic Training Student Aide.

Parent's Signature

Date

Athletic Trainer Student Aide Contract

I agree to:

- Follow all school rules
- Follow the Athletic Code of Conduct
- Pass all of my classes
- Be present for all assigned events and stay until released
- Be on time for classes, meetings, practices, and games
- Take pride in the program
- Be a good teammate
- Be honest, respectful and do the right thing at all times
- Be an active participant in the athletic training room, at practices, and at games
- Communicate with staff athletic trainers when there is an injury or with any unforeseen issue.
- Not use my phone during practices or games, except in an emergency

If I fail to uphold these standards that are required of me as a student aide, I understand that I will incur consequences that may include dismissal from the program.

Student Printed Name: _____

Date: _____

Student Signature: _____



Judson High School

Athletic Training Student Aide Application

STUDENT INFORMATION (Please PRINT legibly):

Name: _____ Grade 2020-21: _____ ID #: _____ DOB: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Guardian Name: _____ Guardian Phone: _____ Guardian Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (on a separate sheet):

1. Please describe any extracurricular activities, organizations, or part-time jobs that you have or plan on having during the school year.
2. How many days do you have absences that were not school related activities?
3. What recognition and awards have you earned (Honor Society, Service Awards, etc.)?
4. List some job/career choices of interest to you.
5. Write a brief essay (half a page) describing why you want to be an Athletic Training Student Aide.

REFERENCES:

Please give a recommendation form to 3 of your current or past teachers. They should fill it out and return to our school mailbox. They should not give it back to you. 2 out of the 3 teachers must teach a core class (Math, Science, Social Studies, English)

Please list the name of the teacher and the class that they teach for each of your references.

Name	Class

GRADES:

Please fill in the boxes with this years grades.

Period	Class	Teacher	Nine-weeks grades	
			1	2
1				
2				
3				
4				
5				
6				
7				

Teacher Recommendation Form

Judson High School

Athletic Training Student Aide Program

Student: _____

ID #: _____

To the teacher: This student is applying for the Athletic Training Program and is required to submit recommendations to complete their application. Please evaluate the student and return this form to **Carrie Eder or Marines Perez-Torres'** school mailbox. This is a confidential report and should be dropped off by you into the mailbox and **NOT** given back to the student to return. Thank you for your professional assessment.

	Outstanding	Good	Fair	Poor
Dependability				
Honest/Integrity				
Confidentiality				
Ability to follow instructions				
Follows rules				
Attitude				
Maturity				
Personal Grooming				
Punctuality				
Cooperation with others				
Uses appropriate language				
Initiative				
Problem-Solving Skills				

Do you have any reservations about this student participating in a medically-based program? Please comment:

Teacher Name: _____ Class: _____

Teacher Signature: _____ Date: _____

Please return to the school mailboxes in the front office for: **Carrie Eder or Marines Perez-Torres**

Teacher Recommendation Form
 Judson High School
 Athletic Training Student Aide Program

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