



Student Athletic Training Organization Application

Student Applicant Information (Please print legibly)

Name: _____ Grade: _____ DOB: _____

Address: _____ Age: _____ Gender: _____

City: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Mobile: _____ Work: _____

Student Email: _____ Student Mobile: _____

Parent/Guardian Email: _____

Student Athletic Training Questions

Being a member of the Student Athletic Training Organization (SATO) allows students to become hands on and involved in a medically-based program. Please on a separate sheet of paper indicate why you should be considered entry into SATO. Include what qualities set you apart from other candidates applying into the program.

What other extracurricular activities are you involved with? _____

Student athletic trainers are asked to work beyond normal school hours. Will personal transportation be an issue for you to attend before/after school practices/games? **YES NO**

Do you plan on having a job while being a member of the Student Athletic Training Organization?

YES NO

If yes, are you willing to schedule your availability around athletic training duties and coverage?

YES NO

References

Please list at least 2 references from current teachers or administrators at Cedar Creek High School that are will to comment on your ability to fulfill the position of student athletic trainer. The teacher or administrator will need to fill out the provided reference form and return it to the front office in order to be considered for this position.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Academic

Applicants into the Student Athletic Training Organization must be in good standing in order to apply. The program is operated within the academic guidelines set by the UIL’s “No Pass, No Play” rule. We expect our students to achieve their highest level of academic performance while participating in the program.

Expectations

Please read over the attached expectations that will provide insight of what may be expected of you in the Student Athletic Training Organization. These expectations will need to be reviewed by you and your parent/guardian in order to apply to the program. Upon acceptance, the certified athletic trainers will provide a detailed hand book that will go in depth of these expectations required for the program.

Parent/Student Consent

My son/daughter has spoken to me regarding their interest in the Student Athletic Training Organization at Cedar Creek High School. We have read the student athletic trainer expectations and believe that he/she is able to make the commitment necessary to apply to become a good student athletic trainer.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Athletic Training Organization Expectations

Commitment: Students are required to work hard in the classroom daily, in the athletic training facility, at practice and during games. This type of commitment is not easy and is not for everyone. Commitment requires time management and knowing your priorities.

Confidentiality: Health Insurance Portability and Accountability Act (HIPPA) is a Federal Law created in 1996. This law restricts the disclosure of any health information regarding any athlete that is treated in the facility. This means you are NEVER to share any medical information about anyone. NEVER give out information about our teams, coaches, athletes to anyone. This includes but is not limited to friends, other athletes, press, T.V., radio, family, etc. All public comments about injuries, policies, changes, etc., will be handled by the coaches, athletic coordinator, athletic director, and/or athletic trainers. Be careful of what you discuss with anyone; this includes your friends. Above all, respect the athlete you are treating and their rights. If anyone is to ask you what happened, your response will be that you do not know and you are not at liberty to say. We take this very seriously. If this is violated, the student will result in a strike.

Communication: Communication is very important while working as a student athletic trainer. It is important to communicate for clarification, to inform, and to receive feedback. Communicate through Remind, e-mail, and in person.

Professional Distance: It is important that while you are working that you maintain a professional distance from each athlete that you work on, supervise, or treat. Your professional decision will be very important. Do not make your decisions biased to cater to those of your friends.

Teamwork: Teamwork makes the dream work. We are all one family and one team. It is important to work together as such in order to work for a common goal. Our goal is to provide a safe environment for the athletes and a fun learning environment for you as a student. Be a leader through your actions instead of a boss by your words.

Reliability/Dependability: Just like being a part of any sports team, it is important that the certified athletic trainers can feel that they can rely on you to be where you are when you say you are. Your character is an important quality of not only this program, but on you as an individual. Remember, **character is what you do when nobody is looking.**

Time Management: With the long hours involved throughout the school year, it is important to make sure you manage your time well. All classwork and education is the top priority for the student. Make sure that you are able to fulfill your requirements as a student and a student athletic trainer.

Responsibility: The coaching staff, athletes, and fellow athletic trainers are counting on you to perform certain tasks. It is important that you possess the confidence to handle this responsibility.

Honesty/Trustworthy: You will be in an environment where you have access to confidential athletic information, athletes, medical supplies, and equipment. It is important that the certified athletic trainers are able to trust you.

Ability to Accept Constructive Criticism: Everybody makes mistakes; however, it is important that you are able to accept the feedback and utilize it to learn from your mistakes.

Respect: It is expected that you will show respect to all individuals at all times; at the same time we will make sure that you are treated with the same respect. It is your responsibility to inform us of any issues that may occur. Two wrongs NEVER make a right.

Hard-Working: You must always work hard regardless how minimal the task is. Take pride in your work, in your program, and in your position as a student athletic trainer.

Initiative: As you work throughout this program, you will begin to learn the different tasks and expectations of the training facility. Become proactive in your work and begin to take care of things prior to being asked to complete tasks.

Returning Application

Please submit the filled out application to the athletic training room located in the Field House (G110). Upon completion, you will receive a letter indicating the date and time of your interview to be considered for acceptance. Thank you for your interest in the Student Athletic Training Organization.

Sports Medicine Staff

Certified Athletic Trainers:

Jeremy Tjarks MS, LAT, ATC
Sarah Forbes MAT, LAT, ATC

(512)772-7300 x23188
(512)772-7730 x23188

jtjarks@bisdtx.org
sforbes@bisdtx.org

Athletic Director:

Andy Sexton

(512)722-7120

asexton@bisdtx.org

CCHS Athletic Coordinator:

Jon Edwards

(512)722-7325

jedwards@bisdtx.org



Student Athletic Training Organization Recommendation Form

Student: _____ ID #: _____

To the teacher: This student is applying for the Student Athletic Training Organization and is required to submit recommendations in order to complete their application. Please evaluate the student and return the form to Jeremy Tjarks or Stacie Salazar (mailbox located in the Front Office). This is a confidential report and should not be returned to the student. The student will not be able to see the evaluation. Thank you for your professional assessment of the student.

Please evaluate the following citizenship/character traits of the above named student.

	Outstanding	Good	Fair	Poor	N/A
Dependability					
Honesty/Integrity					
Confidentiality					
Ability to follow instructions					
Follow rules					
Attitude					
Maturity					
Personal grooming					
Punctuality					
Cooperation with others					
Verbal communication					
Problem-solving skills					
Self-motivation					

Do you have any reservations regarding the student participating in a medically-based program?

Please comment:

Teacher Name: _____ Class: _____

Teacher Signature: _____ Date: _____



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Punctuality					
Cooperation with others					
Verbal communication					
Problem-solving skills					
Self-motivation					

Do you have any reservations regarding the student participating in a medically-based program?

Please comment:

Teacher Name: _____ Class: _____

Teacher Signature: _____ Date: _____