

Leesburg High School Athletic Training Program

Prior to filling out this application, please read the LHS SATA Handbook. This will explain the Athletic Training Program and your responsibilities as a Student Athletic Trainer Aide. You must have this application turned in prior to trying out for the program. When completed, turn in application, EMT card, copy of last report card, and 3 letters of recommendation from a teacher, administrator and/or coach to Mr. Gandolfo in the Athletic Training Room (19-001).

STUDENT ATHLETIC TRAINING – APPLICANT INFORMATION			
Last Name:	First Name:	Grade:	GPA:
Street Address:		Birthday:	
City:	State:	ZIP:	
Home Phone:	Cell Phone:	E-mail Address:	
Parents/ Guardians:	Parents E-mail:	Parents Work/Cell #:	
Do you work? YES <input checked="" type="radio"/> NO <input type="radio"/> If yes, what days are you available?			
Are you CPR and/or First Aid Certified? YES <input checked="" type="radio"/> NO <input type="radio"/> If yes, expiration?			
Do you have transportation to/from school? YES <input checked="" type="radio"/> NO <input type="radio"/> If no, explain			
Shirt Size: _____ T-shirt _____ Polo Shirt (list women’s size also, if applicable _____) _____ Sweatshirt			
SHORT ANSWER (USE SEPARATE PIECE OF PAPER IF NECESSARY)			
Being a SATA requires you to cover practices and games. Are you available to work enough hours to fulfill this requirement (about 10-15 hours a week)?			
Why do you want to be a member of the Athletic Training Program?			
Explain how you being a SATA would help the Athletic Training Program.			
CHS ATHLETIC TRAINING PROGRAM CONTRACT			
STUDENT: I have read the LHS SATA Handbook. I am aware of the requirements and responsibilities of being a member of the Athletic Training Program. The program requires hours after school at games and practices. It is my responsibility to make sure I have transportation to and from school. My acceptance into the program depends on a try-out, 2.5 GPA and teacher recommendations. I also understand that I may be dismissed or placed on probation at any time as described in the handbook.			
Student signature:		Date:	
PARENT: I have read the LHS SATA Handbook. I understand the demands of my son/daughter if they become a member of the Athletic Training Program. The coverage of athletic games requires late nights/weekends and I along with my son/daughter will arrange for him/her to be picked up from school immediately after these events. Students will never be asked to drive to away games. They will always ride with the team. I will not hesitate to contact the Head Athletic Trainer at any time if I have a concern about my son/daughter in this program. (gandolfop@lake.k12.fl.us or 352-787-5047 ext. 7091)			
Parent Signature:		Date:	