

**RICKARDS HIGH SCHOOL  
STUDENT TRAINER SPORTS MEDICINE PROGRAM APPLICATION**

Rickards High School Sports Medicine is seeking enthusiastic students that are interested in a health career. We would like interested students to become athletic trainers, working with athletes and coaches. Being a student trainer you learn basic First Aid/CPR and techniques in prevention, recognition, management and rehabilitation of athletic injuries. Getting the First Aid/CPR certification is through the Health Academy. As a student trainer you must be committed to team practices and games that you are assigned to cover. We will work with teams more than football. You will be just like one of the athletes, this means coming to before/after school practices and dedicating numerous hours and maintaining a GPA of 2.5. Students interested will need to obtain a teacher recommendation, an activity form, and this application to be considered. It is important that you discuss this opportunity with your parents before making a commitment to the Rickards High School Student Trainer Sports Medicine Program.

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Student ID#** \_\_\_\_\_  
**Grade Level:** \_\_\_\_\_

**Days Absent from school this past year:** \_\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_

**Briefly describe why you would like to be enrolled in the RHS Student Trainer Sports Medicine Program**

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**Have you taken Anatomy & Physiology yet? If so, when?** \_\_\_\_\_

**Are you First Aid/CPR certified?** \_\_\_\_\_

**Are you planning to be involved in any extra-curricular activities (school or otherwise) next year? If so, what and specify if it's a school activity or out-of-school.**

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**As an applicant to the RHS Student Trainer Sports Medicine Program, I understand I must abide by the expectations of the program as well as the Certified Athletic Trainer.**

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**All applicants are required to have the signature of the Certified Athletic Trainer, your grade level Counselor and/or Dean.**

**Athletic Trainer Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return application, teacher recommendation, and activity form to Head Athletic Trainer in either Room 615 or the Athletic Training Room.