

Application for Student Athletic Trainer at Lancaster High School

Name: _____ Sex: M / F

Date of Birth: ___/___/___

Grade: ____ Overall grade point average: _____

Home Address: _____

Zip Code: _____

Home Phone (parent's): _____

Cell Phone: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Your Goals:

Why you're interested in becoming a Student Athletic Trainer:

Hobbies and Talents:

Understand that as a Student Athletic Trainer, you must work effectively with coaches, athletes, doctors and administrators. The Student Athletic Trainer must be willing to work hard. Student Athletic Trainers must also maintain passing grades in all classes and maintain eligibility according to the LHS policies.

Applicant's Signature: _____ Date: _____