

Rock Hill HS Sports Medicine 1 Application Form

Please fill out the form, scan, and email to efkarns@prosper-isd.net

Applications due January 26 , 2024



Student Information

Name: _____ Grade: _____

Email: _____

Parent/Guardian Information

Name: _____

Cell #: _____

Email: _____

Have you ever received a discipline referral for anything other than tardies? _____

If you answered yes, please explain:

How many days have you been absent this past year? _____

Have you ever failed a class? If yes, what class and year?

What extracurricular activities are you (or plan to be) involved in at school and away from school? (Athletics, band, choir, theater, club sports, rec. sports, etc...)

Do you plan a career in Athletic Training, Nursing, Physical Therapy or another health care profession? I do not If yes, what profession? _____

List your teachers and classes you are currently taking.

Teacher

Class

Current Grade in Class

References (Coaches, teachers, principals, etc. Not family):

Name

Relationship

Email

1. _____

2. _____

3. _____

***Write a 1 page paper (size 12 font, double spaced) answering the following:**

- What do you want to learn in Sports Medicine 1? (At least 3 things)
- After taking the Sports Medicine 1 course, are you interested in joining the Sports Medicine Program? Why or Why not?
- What do you think you would be doing as a student athletic trainer?

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I have completed the application truthfully. I am aware of the needed work ethic and understand that good grades are the priority of the program.

Student Signature

Date