

## **Student Athletic Trainer Application**

This is a program that has been developed here at Brighton High School. We are looking for students who have an interest in sports medicine, physical therapy, students who want to go into a medical profession or students who want to help our student athletes.

This is a volunteer program that requires long hours in the fall, but by entering the athletic training program you accept the challenge of being a part of Brighton athletics and the tradition that it represents. This also allows you to gain practical experience that will help you in your college career.

Please fill out the attached application and return it to the Athletic Training Room and you will be notified at a later date as to if you have been accepted or not. Thank you for your interest in BHS sports medicine.

Lisa Drzewicki ATC  
BHS Head Athletic Trainer

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How many days have you been absent this past year?** \_\_\_\_\_

**Grade Point Average:** \_\_\_\_\_

**Have you ever failed a class? If yes, what class?** \_\_\_\_\_

**Yes No**

\_\_\_\_\_

**What extra-curricular activities are you, or you plan to be involved in at school and away from school?**

\_\_\_\_\_

\_\_\_\_\_

**Hobbies and**

**Interests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you plan a career in Athletic Training, Sports Medicine, Physical Therapy, or another health care professional?**

**Yes No**

**If yes, what profession?** \_\_\_\_\_

**What are your future**

**plans?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please write a little bit about why you want to volunteer as a student trainer:**

I have read all of the information in the Student Trainer Handbook and have completed the application truthfully. I am aware of the needed work ethic and understand that good grades are a priority of the program. I have also shared the Student Trainer Handbook with my parents and am fully committed to the Sports Medicine Program.

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Student Signature Date

I have read the information contained in the Student Trainer Handbook and give my child full consent to apply for a position on the Student Athletic Training Staff.

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Parent/Guardian Signature Date

I verify that this applicant's information is accurate and correct:

Lisa Drzewicki ATC

Brighton High School

Lisa.drzewicki@atipt.com