



All – Coastal Bend Student Athletic Trainer Application

Name: _____ D.O.B. _____
Address: _____ City: _____ Zip: _____
Phone Number: _____ Email: _____
High School Attending: _____ City: _____
Current GPA: _____ Date of Graduation: _____
Number of Years as a Student Athletic Trainer: _____
National Honor Society Member: YES / NO
First Aid Certified: YES / NO CPR Certified: YES / NO
T-Shirt Size: _____
High School Athletic Trainer: _____

Athletic Training Experience:

List sports coverage assignments / responsibilities as a student athletic trainer:

Year	Sport
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

List all athletic training camps / clinics / workshops attended:

Year	Seminar / Clinic	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Student Athletic Trainer Honors / Awards / Participation (attach separate sheet if necessary)
(Example: Participation in ankle taping contest, Student trainer of the year, etc)

Year	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____