



RIDGE POINT SPORTS MEDICINE

STUDENT ATHLETIC TRAINER APPLICATION

Student Information

Full Name: _____

Last

First

Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: _____

Cell Phone: _____

Email: _____

Grade Level: _____

GPA: _____

Parent Information

- I acknowledge that I am allowing my child to try-out to become a Student Athletic Trainer. I understand that admittance to the program is not guaranteed, and that the final decision is at the discretion of the Head and Assistant Athletic Trainers. I understand that this try-out packet must be completed entirely and returned to the RP Sports Medicine Staff by April 1st 2024 in order to attend try-outs.

Please include and attach:

- Typed, 12 point font double-spaced, 1-page Max Response to: "Why do you want to become a Student Athletic Trainer?"
- 2 Letters of Recommendation (adults ONLY) from non-family members, preferably coaches or teachers

Parent Signature: _____

Student Signature: _____