

Heritage High School Sports Medicine II Application

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
City State Zip

Phone: _____ E-mail _____

Year in School: _____ Grade Point Average: _____

REQUIRED COURSE INFORMATION

Sports Medicine I: _____ Grade: _____
Year Taken

RECOMMENDED COURSE INFORMATION

Biology: _____ Grade: _____ Instructor _____
Year Taken

Human Anatomy and Physiology: _____ Grade: _____ Instructor _____
Year Taken

Health: _____ Grade: _____ Instructor _____
Year Taken

Elective Physical Education Courses: _____ Grade: _____ Instructor _____
Course/Year Taken

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Other Science Related Courses: _____ Grade: _____ Instructor _____
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List current Certifications (ie: 1st Aid, CPR, AED, Lifeguard, etc) _____

SHORT ANSWER

1. In two or three sentences, explain why you would like to participate in the Sports Medicine program.

2. List all activities you are involved in year round.

Fall: _____

Winter: _____

Spring: _____

3. What possible career paths are you thinking about? Why?

4. Sports Medicine II requires a time commitment of 30 hours per semester working with teams as a student athletic trainer. How will you be able to balance this commitment with your other activities?

5. What sort of unique aspects will you bring to this group?

OPTIONAL INFORMATION (Please use this space provided to add any additional information that you feel would add to your application process.)

ADDITIONAL INFORMATION REQUIRED

Please submit two letters of recommendation with this application by March 5th, 2018.

I hereby agree that the information I have provided is accurate and current.

Signature: _____ Date: _____

I support my son or daughter participating in Sports Medicine II and understand the commitment they are making towards the Heritage High School Athletic Community.

Parent Signature: _____ Date: _____

Heritage High School Sports Medicine II Recommendation Form

Applicant: _____ . Year in School _____.
Last Name First Name MI

Individual Recommending Applicant: _____.
Last Name First Name

How long have you known this applicant and in what capacity? _____

Please take a moment to evaluate this applicant, your feedback is appreciated! We thank you for your continuing support of this unique experience for Heritage High students.

<u>General Work Traits</u>	<u>Low</u>			<u>High</u>
Dependability	1	2	3	4
Initiative	1	2	3	4
Punctuality	1	2	3	4
Preparedness	1	2	3	4
Attitude	1	2	3	4
Judgment	1	2	3	4

Please feel free to provide any other information:

Please check one: Highly Recommend _____ , Recommend _____, Do not Recommend _____.

Signature

Date

Please return before March 5th, 2018 to applicant in a sealed envelope or mail to:

Heritage High School
 Attn: Becky Busack
 1150 Forestville Road
 Wake Forest, NC 27587

Heritage High School Sports Medicine II Recommendation Form

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 Last Name First Name MI

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