



Westwood High School

Warrior Sports Medicine

12400 Mellow Meadow

Austin, TX 78750

Office: 512-464-4053 Fax: (512) 464-4030



I.D # _____

School Year: _____

Name: _____
Last First Middle

Gender: M F Age: _____ Grade Level: _____

Home Address: _____
Street City Zip Code

Home Phone: _____ Student Cell Phone: _____

Student E-Mail Address: _____

Father/Male Guardian Information

Name: _____ Home Phone: _____

Occupation: _____ Cell: _____

Email: _____

Mother/Female Guardians Name

Name: _____ Home Phone: _____

Occupation: _____ Cell: _____

Email: _____

Emergency Contact Person: _____

Relation To You: _____

Emergency Contact Phone Number: _____

Current Class Schedule Including Teachers Name:

'A' Day

'B' Day

Have you received a failing grade in any class in the past two years? _____

If yes, what classes? _____



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What academy are you currently in? _____

Please list any extracurricular groups or organizations you currently belong to or plan to join.

What is your favorite type of pizza, snack, and drink? _____

Where would you like to attend college or certification program? _____

What profession do you believe you will major in or pursue after college? _____

In the space provided below please explain why you wish to become a Student Athletic Trainer at Westwood High School.



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Will you be able to attend practice, games, and other events before and/or after school? _____

Do you understand you may be required to work holidays and weekends depending on assigned sports? _____

Do you understand you are responsible for all issued uniforms? YES NO

Any uniforms not turned in or damaged will result in replacement costs payable by you? YES NO

PLEASE RATE YOURSELF ON THESE QUALITIES

Quality	Outstanding	Above Average	Average	Needs Improvement
Attendance				
Honesty				
Dependability				
Self-Motivation				
Maturity				
Independence				
Academics				
Ability to take Criticism				
Crisis Management				

Westwood High School Athletic Trainers

John G. Horsley M.Ed., ATC, LAT, CSCS

512-464-4053

Mollie Mauritz M.S., ATC, LAT

512-464-4120



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I certify that the above information is correct to the best of my knowledge. I understand that if accepted, I will be admitted on a probationary basis. I also realize that if I perform poorly in work habits, discipline, academics, or ethics it could result in dismissal from the Student Athletic Trainer Program.

 Applicant Signature

 Date

I have read the above application and fully understand the content of the application and its content therein. I give my consent for my child to enter the Student Athletic Trainer Program.

 Parent Signature

 Date

<p>For Athletic Trainer Use only:</p> <p style="text-align: center;"> <input type="checkbox"/> Accepted <input type="checkbox"/> Declined </p> <p>Reason(s): _____</p> <p>_____</p> <p>_____</p>
