



LINCOLN NORTH STAR ATHLETIC TRAINING AID APPLICATION

402-436-1305 ext. 65403

jeggle@lps.org

Name _____
Grade _____

General Rules and Guidelines:

1. Lettering is reserved for Juniors and Seniors only.
2. It is recommended that any student interested in being an athletic training aid attend the LPS student training aid workshop in August (typically the week before football practices start).
3. Freshmen and Sophmores are invited to participate in the Fall sports season only.

Application Requirements:

1. Submit 2 letters of recommendation, 1 of which must be from a teacher.
2. Student must maintain academic standards (no failing grades).
3. Must be able to commit to 10 hours each week.
4. Must be able to commit to working at least 1 event each week.

Student Athletic Training Aid Responsibilities:

Pre Practice

- * Prepare water coolers, cups/bottles
- * Taping based upon ability

During Practice

- * Provide minor care of minor athletic injuries
- * Maintain necessary water supplies

Post Practice

- * Clean and put away equipment from practices
- * Properly clean training room equipment
- * Ice application as directed

Expectations:

Responsibility- You must provide a schedule of your availability.

Dependability- Report to the training room following school. If you are going to be late or miss a practice it is your responsibility to inform Justin or Shelly.

Practicality- You will be expected to learn sufficient taping and applicable duties. If unable to do so you may be asked to leave the student athletic trainer aid program.

Confidentiality:

Under **NO** circumstances should information concerning ANY athletic injury be discussed with anyone outside of the LNS Athletic Training Staff. This is a violation of the athlete's privacy and is *grounds for immediate dismissal from the student athletic training aid program.*

Disciplinary Action: (Subject to change at discretion of LNS Athletic Training Staff)

1. Verbal Warning
2. One week suspension from the athletic training room
3. Dismissal from the student athletic training aid program

Date: _____

Name: _____

Grade: _____

Phone: _____

Email: _____

Parent/Guardian _____

Phone: _____

Email: _____

In your words, how would you describe what athletic training is?

List any extra curricular activities you plan, or could possible participate in:

Explain why you would make a great student athletic training aid:

*Once you have completed this application, submit it along with letters of recommendations. Your application will be reviewed. If accepted into the program you will begin on a probationary period to make sure that you are a fit for the program. Shirts will be ordered, the cost of the shirt will be your responsibility (typically shirts cost \$10-\$12). When covering games you will be asked to wear your shirt. When covering varsity contests, dress code is your shirt along with dress pants or nice shorts weather permitting.

* Traveling with teams is permitted with coach approval and available seating. In town games, transportation is your responsibility.

* Once accepted into the program, your parent/guardian will need to sign a form so that we know they are aware of your duties.