



Wakeland High School  
Sports Medicine

Athletic Training Student (ATS) Program  
Application Packet

## WHS Sports Medicine Guidelines

### **Mission Statement:**

The mission of the Wakeland High School Sports Medicine Department is to enhance the quality of health care for all student-athletes at WHS through prevention, evaluation, management, and rehabilitation of injuries. In an attempt to promote the health and wellness of the student-athlete the athletic trainers will strive to educate the student-athlete, coaches, and other athletic staff members regarding athletic injuries.

### **Sports Medicine Department Staff:**

Richard Womble (TW), Athletic Trainer (469) 633-5776 [womblerr@friscoisd.org](mailto:womblerr@friscoisd.org)

Rachel Langford, Athletic Trainer (469) 633-5766 [langforrr@friscoisd.org](mailto:langforrr@friscoisd.org)

Dr. Dan Maurer, Team Physician (214) 705-6611

Dr. Matt Schindlbeck, Team Chiropractor (972) 781-1878

Dr. Puneet Arora, Team Chiropractor (214) 618-7746

### **Athletic Training:**

The athletic trainer has become an integral part of the athletic program and is now considered a necessity rather than a luxury. Today's athletic trainer is a highly educated and skilled professional possessing a thorough knowledge of anatomy, physiology, kinesiology, preventative medicine, taping and bracing, exercise and conditioning, emergency medicine, rehabilitation, nutrition, and psychology. (Texas Advisory Board of Athletic Trainers)

### **Educational Program:**

Wakeland High School offers a unique athletic educational athletic training program in which students will learn in both a class room and lab setting under the supervision of two licensed Athletic Trainers. The program is designed to provide participants with knowledge and skills pertaining to sports medicine and athletic training. Students are required to enroll in the Sports Medicine I Class and Athletic Training; which requires prior approval from a staff athletic trainer.

Our athletic training program offers students a co-ed environment in which they will have the opportunity to work with a variety of sports including football, volleyball, soccer, basketball, track, softball, baseball, tennis, wrestling, golf, swimming, and cross country.

The overall mission of the Athletic Training Student Program is to cultivate an environment where young adults can develop into self-confident, knowledgeable and responsible individuals as they transition into productive citizens.

### **Facilities:**

Wakeland has modern athletic training facilities and state of the art equipment for the athletic training program. There are two athletic training rooms; the main facility, which is located in the indoor facility; and a satellite facility, which is located on the main campus adjacent to the gyms.

## **Admission Procedure:**

1. Complete an Athletic Training Program application (this packet)
2. Complete 3 Reference Forms: one from an Administrator and two from a Teacher/Coach who can attest to your character and academic potential
3. Undergo an interview with Staff Athletic Trainers (this may be formal or informal)
4. Undergo a 15 day observation period/work Spring Football
5. Submit a copy of your most current Academic report card
5. IF Accepted: Enroll in Sports Medicine I & Athletic Training Classes (2 separate blocks)
6. IF Accepted: Submit a completed Student-Athlete Information Packet (includes a physical)

## **Dismissal/Incidences:**

The athletic training program works much the same as all athletic teams at Wakeland High School. We work together to provide daily coverage to the athletic teams. In order for the best medical care to be given, daily operations must run smoothly. At no time will this program or an ATS be placed in jeopardy because of the actions or behavior of any ATS. Grounds for dismissal include but are not limited to:

1. Disobeying of the guidelines in this handbook
2. Continuous irresponsibility
3. Poor academic history
4. Failure to cooperate and work effectively with other ATS or athletes
5. Continuous disciplinary problems with teachers, coaches, and/or athletic training staff
6. Verbal or physical abuse to any teacher, coach, and/or athletic training staff
7. Any out of school incidents (arrest, fights, vandalism, etc.)
8. Any defamation to the sports medicine program or school
9. Any inappropriate or negative verbal or media based posting on social media networks (i.e. Facebook, Twitter, Instagram)

An incidence is defined as *anything* that violates this handbook or the Fisd/WHS Student Handbook.

1<sup>st</sup> INCIDENCE: Informal warning and consequences from Staff Athletic Trainer.

2<sup>nd</sup> INCIDENCE: Conference and or other and consequences with Staff Athletic Trainer.

3<sup>rd</sup> INCIDENCE: Parent conference/Phone Call.

4<sup>th</sup> INCIDENCE: Removal from program with a schedule change.

The Athletic Training staff has the final decision about the dismissal of any ATS from the Sports Medicine Program.

## **Quitting:**

If an ATS decides to quit, then the ATS will be given 24 hours to reconsider their decision. If the ATS does not inform the staff athletic trainer of a desire to return to the team within the “24 hour reconsideration period”, then the ATS may not be allowed to rejoin this team. Whether or not an ATS is permitted to rejoin the team will be at the discretion of the staff athletic trainer(s).

If an ATS quits athletic training and is seeking to join another sport within the same school, then the ATS’s ability to join a new sport immediately will be at the discretion of the two involved head coaches.

If an ATS quits athletic training at one FISD campus and moves or transfers to a second FISD campus, then the ATS's ability to participate in athletic training at the new campus will be determined by the new school's staff athletic trainer(s). The new school's staff athletic trainer(s) will make this determination based on the facts and circumstances involved in the ATS quitting at the previous FISD campus. Note: In some cases involving students moving from one campus to another, the District's Executive Committee may be involved and establish restrictions on the student's eligibility to participate at the varsity level.

### **General Expectations:**

**It is a privilege and a responsibility to be a member of the Wakeland High School Sports Medicine Staff.**

1. Look and act professionally at all times
2. You are expected to be punctual or to communicate absences/tardiness
3. Be observant and ask questions.
4. You are expected to fulfill your responsibilities and duties agreed upon
5. You are expected to know the policy and procedures in this handbook.
6. Maintain good grades and conduct. No Pass/No Play
7. Report all injuries/incidences to staff athletic trainer(s) (a text will suffice in most cases)
8. Become knowledgeable and participate in the day to day operation of the ATR
9. Cooperate and work effectively with athletic staff members and other ATS
10. Be respectful to all coaches, teachers, administrators and athletes
11. Uphold your signed Confidentiality Agreement
12. Abide and enforce ATR rules
13. Abide by the FISD/WHS Handbook Code of Conduct
14. Represent yourself, your family, school, and the program positively at all times
15. Enjoy and take pride in the work you do and in your daily actions

### **Athletic Training Room Expectations:**

It is the overall expectation of the staff AT's that every ATS learn the day to day operations of the Athletic Training Room.

1. Learn how to use everything in the Athletic Training Room
2. While on duty, ATS responsibilities take precedence over homework
3. Assist with daily treatments and rehabilitation programs
4. Know how to set up all modalities in the Athletic Training Room
5. Pick up and clean your area after treatment/taping, work neatly
6. Report all injuries to the Staff Athletic Trainer(s)
7. Record all treatments accurately
8. Learn to stock the medical kits/trunk/tables
9. Become proficient in taping techniques
10. Obtain permission from Staff Athletic Trainer(s) before administering any treatments on anyone
11. Assist in record keeping as directed by the Staff Athletic Trainer(s). (physicals, HOPS forms, treatment logs, etc.)
12. Utilize and maintain ATS locker room
13. No food or drinks allowed in the ATR. Obtain permission to eat in AT offices
14. The use of electronic devices (cell phones, Ipods, gaming devices, etc...) may be used for personal use, as long as they can't be heard. Do not let them interfere with your responsibilities or they will be banned.
15. Abide and enforce Athletic Training Room rules

16. No horseplay, profanity, eating or drinking allowed in the ATR. This is a professional medical setting, please act appropriately
16. Abide by the dress code set forth in these guidelines. Please be well groomed and dress professionally at all games/scrimmages/practices/duties
17. Sports Medicine attire should not be worn by anyone other than members of the program. Any other student found wearing items will be asked to return them and the ATS issued said item will be dealt 1 incident and/or Staff disciplinary action.

### **Practice / Game Expectations:**

1. Be in attendance for all practices and games that you are assigned to cover.
2. If you are unable to cover your assigned game it is YOUR responsibility to find a replacement prior to event. Communicate the change with the Staff Athletic Trainer(s).
3. Be alert at all times during practice and games.
4. Report all injuries to the Staff Athletic Trainer(s).
5. Ensure sports medicine equipment (coolers, med kits, tables) is prepared and set up for each event.
6. Ensure that sports medicine equipment is well cleaned and properly stored after each practices/event.
7. If you have a cell phone, carry it with you during practice and games. Make sure to have the staff athletic trainer's number in it for emergency use. Set cell phones to vibrate.
8. The use of electronic devices (Ipods, gaming devices, etc.) are not allowed during practice/games; cell phones need to be set to vibrate.
9. Wear appropriate attire for the occasion when on duty.
10. The ATS will not leave the activity unless there is an emergency or all duties for the activity are completed. Early release must be pre-approved.
11. The ATS is responsible for introducing his/her self to the visiting team's Athletic Trainer or coach and providing them with assistance and needed items. This also includes checking with that team after the contest has ended.
12. You will cover the dates that you have been assigned. It is your responsibility to find out what time your bus is loading. Start times for home games are on the schedule. You need to report to the court, satellite, or indoor athletic training room 45 minutes before games to set up. Always check the board for any changes or instructions.
13. Each team has been issued a kit, but you will need to take your slingback and water bottles to all games. You are responsible for cleaning, storing, and restocking these items.
14. If you do not show up to your assigned volleyball game, then you will not be allowed on the football sideline.

### **Absences:**

1. Excessive absence is grounds for dismissal from the program
2. You are responsible for finding someone to cover your assignment if you have to be absent. Must complete coverage form.
3. Missing an assignment without getting it covered has a consequence of 1 incident.
4. Please call or text if you are going to miss any practices or games. We need to know so that we can cover your duties. Not communicating has a consequence of 1 incident.

**Communication is the key!!**

## Lettering:

1. Must complete two varsity sports
2. They must complete the whole season that they start.
3. The seasons do not have to be consecutive.
4. You must remain academically eligible throughout the entire season for that season to count
5. You cannot have any discipline referrals from the training staff or administration during the season.

This policy will be consistent throughout the FISS school system.

## Athletic Training Student Dress Code:

Your personal appearance and hygiene is a direct reflection of you and the Sports Medicine Program. You will be expected to always be within the dress code and behave in a professional manner.

ATS will primarily work in three settings—practices, games, and the athletic training room. The following guidelines should be used to determine proper attire for event coverage. Be aware that all ATS's are expected to change into appropriate attire for the athletic training room, practice and game activities. The Staff Athletic Trainers make the final decision about an article of clothing. Clothing that is distracting will not be allowed. When in doubt, ask first!! All clothing must meet district dress code criteria. No holes—anywhere. Clothing may not have any holes or have any visible cuts. If the dress code is not met, you will be asked to leave the contest, or sit in the stands for the contest.

### Athletic Training Room

- a. **Pants:** Sweats, wind pants, blue jeans, and khaki's.
- b. **Shirt:** T-shirts, polos, sweatshirt, sweater, jacket. NO white or deep "V".
- c. **Shorts:** Khaki or athletic shorts. Must have a straight hem.
- d. **Shoes:** Closed toed shoes. This is a safety issue as closed toed shoes provide the student with protection.

### Practices, Scrimmages-

- a. Sports Medicine T-shirt and staff approved shorts/pants
- b. Tennis shoes are **required**. This is a safety issue as tennis shoes provide the student with stability and protection.
- c. Sunglasses/Hats/Visors: Must be approved by the Staff Athletic Trainer. Any issued by WHS will be acceptable.
- d. Rain Gear: Be prepared for the weather.

### Games-

- a. Football Varsity- Polo and khaki pants/shorts (TBD game week)
- b. Football subvarsity- Sports Med T-shirt/polo, khaki shorts/pants. (TBD game week)
- c. Indoor Sports (ie, VB) – Any SM shirt and khakis/pants/jeans.
- d. Outdoor Sports (BsB) Any colored SM shirt and khakis/pants/jeans
- e. Playoff Games-Polo and khaki pants

The staff will look alike and look professional at all times. All ATS will dress appropriately for each event. The ATS will wear designated apparel issued for that particular sport. ATS will dress alike when working assigned sport, you will be allowed to arrange this together. You are responsible for issued clothing, bags, etc. Loss or failure to return at the end of the year will result in replacement at your cost.

### **Key Points to Remember:**

- The staff athletic trainer will make the final decisions about inappropriate clothing.
- Holes in clothing is not acceptable while on duty.
- Tennis shoes are required while on duty.
- Maintain a professional appearance and behavior at all times (even when others do not).
- Hairstyle and piercings must be appropriate for a professional medical environment. Generally if it meets school dress code it will be ok. ATS not in compliance will be asked to address the issue before allowed to return.
- BE PROFESSIONAL - you are a reflection of WHS, the Sports Medicine Program and the Athletic Training Staff.

### **Second Sport and Team Assignments:**

Second sports assignments are based on experience and responsibility, not on age or years in program. Assignments to a second sport will be based on need, athletic staff choice, academic eligibility history, experience level, coaches' request and athletic training student preference.

### **Bus Etiquette:**

You are to conduct yourself within the rules of the FISD/WHS Handbook, the Sports Medicine Program and the expectations for assigned team. Any inappropriate remarks or actions will be reported to a Staff AT by the coach and will be dealt with by disciplinary action or removal from the program.

You may use your phone, iPod or music player on the bus (if compliant with sports coach rules) but they are not allowed on the bench or during practices. No cell phone use is allowed during games or practices unless it is for sports medicine purposes; calling staff member. The \$15 WHS policy will be enforced and you will have to pay to get your electronic device returned.

### **Game and Practice set up:**

Game and practice set up procedures have been outlined in the WHS Sports Medicine Policy and Procedure Handbook, as well as posted in the main ATR or in the satellite. Please refer to in order to assure proper set up.

### **Golf Cart:**

You must have a driver's license in order to operate. You may only drive when instructed to do so and only to and from directed destination. NO players are ever allowed on GC. ATS must be seated in seat. All items must be neatly stored in/on GC, please clean your mess up.

### **Water COWs:**

Must be stored and plugged into chargers after each practice. Clean out the trash each day. Report any repair needs to a staff AT.

**Athletic Training Kits/Sling-backs:**

All Medical kits have been packed for you by a staff member and they are to remain that way. Do NOT re-arrange items in a kit. If you remove something please restock it. Each kit will contain a packing diagram for you to follow. NEVER PUT POWDER DRINK MIX IN THE KIT! Each sport team will be assigned a kit; it is the responsibility of the assigned ATS to keep up with that kit. Never take someone else's kit. Please place kits in designated area in athletic training room when not in use.

Each ATS will be assigned a sling-back. It is your responsibility to properly stock and carry said pack to each practice/game. Please place sling-back in your cubby or in your locker.

**Clean up:**

You are responsible for the mess you make, please clean it up. No one will leave for the day until all duties have been completed and items have been stored, cleaned or thrown away. Work as a team. If you happen to break something or you find something broken please report it to staff member for repair. Daily and weekly duties have been posted in the ATR as well as provided for your reference in the SM P&P. **Work smarter not harder by working together.**

**Locker Room:**

You have been issued a locker and a cubby, use them. Items left on floor at the end of the day will be considered trash and the custodian has been instructed to dispose.

**Documentation:**

If an athlete is injured please document the Name, date, time, and nature of injury and what you did for them or fill out an injury report. It is your responsibility to call or text a staff member to let them know about the injury.

**ATR Phones:**

If you are asked to answer the phone then please do so by saying "Athletic Training Room (your name) may I help you." Take a message with Name of caller, date, phone number and message.

**WHS Policy and Procedures:**

It is your responsibility as a member of the SMP to follow and enforce the WHS Policy and Procedures. A copy has been provided for your convenience.

**Academics:**

Academic grades are your number one priority. You must be eligible in order to participate in the SMP. Mandatory tutorials will be required for any grade 70 or below.

- If an ATS is ineligible for any 2 grading periods (need not be consecutive periods) in the same academic year, they will be dismissed from the program.
- If an ATS is ineligible for any 2 grading periods (need not be consecutive periods) in the span of 9-12<sup>th</sup> grades, then continuance in the program will be discussed
- If an ATS is ineligible for any 3 grading periods (need not be consecutive periods) in the span of 9-12<sup>th</sup> grades, they will be dismissed from the program.



**Confidentiality:**

Confidentiality is a serious matter. Under no circumstances will an Athletic Training Student discuss an athlete's condition with anyone outside the Athletic Training Program. Breach of confidentiality is a violation of HIPPA, a legal offence and will be dealt with to the extreme. Be aware that you have signed a Confidentiality Agreement.

**Certification/Memberships:**

Current CPR/AED and First Aid certifications are required. The Sports Medicine Program will provide you with the opportunity to receive this certification however, if you choose to get certified on your own then you may do so. A copy of your card must be on file.

**Professionalism:**

At all times the Athletic Training Student will represent WHS with the upmost professionalism, respect and first class behavior. At no times will an ATS be disrespectful to another individual or poorly represent the school or its Sports Medicine Program. Also, a mature individual willingly accepts and learns from his or her mistakes. All should be willing to, at all times, accept constructive criticism.

**Leadership:**

Remember that you get out of this program what you put into it. Athletic Training Students are encouraged to take initiative and leadership roles. Doing so portrays dependability and a true desire to become a contributing member to the Sports Medicine Program. Responsibility, dependability and punctuality are a must. Time management and organization are essential to your success in this program. If you have any questions or concerns please feel free to visit with a Staff AT.

**Success is peace of mind which is a direct result of self-satisfaction in knowing you did the best of which you were capable.**

# Wakeland High School Sports Medicine

## Parent and Athletic Training Student Agreement

I have thoroughly read the WHS Sports Medicine Handbook and agree to abide by the policies and guidelines set forth by the Athletic Training Staff. I fully understand and accept the responsibility of working as an Athletic Training Student (ATS). I further understand that my health and safety as well of that of the student-athletes at WHS is the primary concern of the Athletic Training Staff. I realize I am an extension of the Athletic Training Staff and I agree to report all injuries to them. I will not talk about any injury, no matter the significant, to any person other than the Athletic Training Staff and agree to abide by the **Confidentiality Agreement** I have signed as a member of the Sports Medicine Staff.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have also read the Athletic Trainer Policy and Procedure Handbook and agree to respect the policies and guidelines set forth by the Athletic Training Staff. I understand that my child is making a commitment to a program that has many responsibilities. I also will respect the judgment of the Athletic Training Staff about disciplinary actions and will accept the final decision regarding my child's involvement in the Sports Medicine Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Both signatures are required (extenuating circumstances apply)

To be completed by Parent/Guardian:

1. Will transportation be a problem for early morning/late night events? Yes/No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Please complete the following on a scale from 1 (lowest) to 5 (highest)

Rate your son/daughter:

Work Ethic	1	2	3	4	5
Responsibility Level	1	2	3	4	5
Commitment to projects started	1	2	3	4	5
Respect to handle criticism	1	2	3	4	5
Ability to get along with others	1	2	3	4	5

### Important Notes

- Participation accounts for 80% of your son/daughters overall grade
- Your son/daughters if accepted will be required to follow a dress code.
- Your son/daughters if accepted will be required to maintain a 70% or higher in all classes.
- Your son/daughters if accepted will be required to work some holidays and weekends throughout the year.

If there are any questions please contact the Athletic Training Staff @ (469) 742-4242.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Wakeland High School Sports Medicine**

## **ATHLETIC TRAINING STUDENT APPLICATION**

**Please Print**

Name: \_\_\_\_\_  
(Last) (First) (Preferred)

Sex: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian Names (First & Last):

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Your (ATS) cell phone#: \_\_\_\_\_

Can you send/receive text messages?  Yes  No

Honors and Awards received \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

School Subjects of Interest \_\_\_\_\_

School Subjects of Dislike \_\_\_\_\_

Possible Career Interests \_\_\_\_\_

Class Schedule: Please provide us with a copy of your class schedule.

### **Essay:**

Please attach an essay that explains your interest in the Wakeland High School Sports Medicine Program. Please include what you have to offer the program as well as any contributions you plan to make to the program if accepted. Using your own words please describe the meaning of hard work, responsibility, leadership, cooperation, loyalty and trust. Briefly explain how these attributes will assist you in accomplishing the goals that you have set forth as a student at WHS High School, the Athletic Training program and most importantly in life.

**Please type your essay. It is advised to proofread and double check your essay.**

**Every day is the opportunity to measure yourself against your own potential.**

**Wakeland High School Sports Medicine**

**REFERENCE FORM- Administrator/Teacher/Coach  
Athletic Trainer Student**

**One form must be completed by an Administrator others by teacher/Coach**

Printed name of Applicant: \_\_\_\_\_

I. Personal Qualities	Exceeds Expectation	Meets Expectations	Needs Improvement	No Basis For Judgment
Cooperation skills				
Attitude				
Character				
Communication skills				
Management skills				
Motivation				
Social Qualities/Personality				
Dependability				
Quality of work				
Responsible				
Maturity				
Problem solving ability				
Work Ethic				
Punctuality/Dependability				

II. Can this student be trusted to be responsible if not closely supervised?

\_\_\_\_\_

III. What do you consider this applicant's strongest characteristics?

\_\_\_\_\_

\_\_\_\_\_

IV. What do you consider this applicant's weakest characteristics?

\_\_\_\_\_

\_\_\_\_\_

V. Does this student have frequent office referrals?

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

**Please return this form in a sealed envelope to the box of Rachel Langford**

**Wakeland High School Sports Medicine**

**REFERENCE FORM- Administrator/Teacher/Coach  
Athletic Trainer Student**

**One form must be completed by an Administrator others by teacher/Coach**

Printed name of Applicant: \_\_\_\_\_

I. Personal Qualities	Exceeds Expectation	Meets Expectations	Needs Improvement	No Basis For Judgment
Cooperation skills				
Attitude				
Character				
Communication skills				
Management skills				
Motivation				
Social Qualities/Personality				
Dependability				
Quality of work				
Responsible				
Maturity				
Problem solving ability				
Work Ethic				
Punctuality/Dependability				

II. Can this student be trusted to be responsible if not closely supervised?

\_\_\_\_\_

VI. What do you consider this applicant's strongest characteristics?

\_\_\_\_\_

\_\_\_\_\_

VII. What do you consider this applicant's weakest characteristics?

\_\_\_\_\_

\_\_\_\_\_

VIII. Does this student have frequent office referrals?

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

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**Wakeland High School Sports Medicine**

**REFERENCE FORM- Administrator/Teacher/Coach  
Athletic Trainer Student**

**One form must be completed by an Administrator others by teacher/Coach**

Printed name of Applicant: \_\_\_\_\_

I. Personal Qualities	Exceeds Expectation	Meets Expectations	Needs Improvement	No Basis For Judgment
Cooperation skills				
Attitude				
Character				
Communication skills				
Management skills				
Motivation				
Social Qualities/Personality				
Dependability				
Quality of work				
Responsible				
Maturity				
Problem solving ability				
Work Ethic				
Punctuality/Dependability				

II. Can this student be trusted to be responsible if not closely supervised?

\_\_\_\_\_

IX. What do you consider this applicant's strongest characteristics?

\_\_\_\_\_

\_\_\_\_\_

X. What do you consider this applicant's weakest characteristics?

\_\_\_\_\_

\_\_\_\_\_

XI. Does this student have frequent office referrals?

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

**Please return this form in a sealed envelope to the box of Rachel Langford**

**Wakeland High School Sports Medicine**

**Confidentiality Agreement**

I \_\_\_\_\_ understand my responsibility to maintain the trust in me by being selected as an Athletic Training Student. My signature on this letter is an agreement to maintain complete confidentiality with regard to all information in Athletic Training services both during and after my period of service and not directly, or indirectly use, reveal, publish, disclose, or transfer any confidential information to any person, or to utilize any information for any purpose, except in the course of my work for Wakeland High School as requested by the Licensed Athletic Trainer. I understand that State and Federal laws regulate the release of confidential health information. It is the policy of the Wakeland High School Sports Medicine Department that only Licensed Athletic Trainers can authorize such release.

IN WITNESS WHERE OF I affix my hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Athletic Training Student: \_\_\_\_\_

Printed Name of Athletic Training Student: \_\_\_\_\_

# **Wakeland High School Sports Medicine**

## **Release Form**

### **Academic Information Release Form**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give the Wakeland High School Sports Medicine Program permission to release academic information related to him/her, to college recruiters and admissions offices. Information, such as ACT/SAT scores, G.P.A. official transcripts and class rank will be provided upon request. This information is provided for the benefit of our student athletes.

### **Personal Information Release Form**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give Wakeland High School Sports Medicine Program permission to release information related to him/her, to press or media guides or on website concerning our football program. Information, such as a picture, his/her name, height, weight, classification and position will be provided upon request. This information is provided for the benefit of our student-athletes.

### **Web Page Release Form**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give Wakeland High School Sports Medicine permission to display my child's picture on the district and/or campus web page. I realize the Internet is a powerful communication tool and has many advantages and disadvantages. Taking this into consideration, I endorse the inclusion of my child's picture on the district/school web site.

Athletic Training Student's Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(parent/guardian signature)

Date: \_\_\_\_\_