

Red Oak High School Sports Medicine Application

Kris Elizondo
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Personal Information

Name:

Address:

Phone: _____

E-mail: _____

Year in School: _____ Grade Point Average: _____

Required Course Information

Biology: _____ Grade: _____

Recommended Course Information (Optional)

Biology (college Credit): _____ Grade: _____ Future: _____

Human Anatomy/Physiology: _____ Grade: _____ Future: _____

Elective Athletic Courses: _____ Grade: _____ Instructor: _____

List current Certifications you hold (i.e.: First Aid, CPR, AED, Lifeguard, etc.)

List all activities you are involved in year round (fall, winter, spring)

Explain why you would like to participate in the Sports Medicine Program. What possible career paths are you thinking about pursuing? Why? (Use the backside of this paper)

Additional Information Required

Please submit **two letters of recommendation** with this application.

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

Signature: _____ Date: _____

I support my son or daughter participation in Sports Med I or Sports Med II and understand the commitment they are making towards the Red Oak High School Athletic Community.

Parent Signature: _____ Date: _____

Sports Med II requires a time commitment of 90 hours during the fall semester and 25 hours during the Spring semester (This includes practices after school, 2-a-days, and games) working with teams as a student trainer.