

## Application for Sports Medicine

### Course Description:

This course is designed to provide students with an understanding of the prevention, evaluation, treatment, and rehabilitation of injuries occurring in athletics. Students will gain knowledge in basic anatomy, CPR and First Aid, recognition of injuries, and will have the opportunity to practice wrapping, taping, and other basic skills used in athletic training. Students will have the opportunity to observe evaluation, treatment, and rehabilitation to actual injuries to Apex Friendship athletes while assisting with game and practice coverage.

### Application Process:

1. You must complete the entire application.
2. You must have a recommendation signature from each of your **current** teachers.
3. **All forms must be completed and returned to Ms. Yelmini in room 1520 (PE Office) during STAR lunch or after school in room 1406 (Athletic Training Room).**

Please fill out and return by **FRIDAY, MARCH 8<sup>th</sup>**:

Name:

Grade:

Sports Medicine Level interested in:            I            II            III Honors            IV Honors

1. What level of Sports Medicine have you already completed, where did you complete the class, **and** what was your final grade? What additional classes have you taken that would help you in this class?
2. Sports team(s) you have been involved with or plan on participating in next year:
3. Why are you interested in taking Sports Medicine or continuing onto a higher level?
4. What sport(s) are you interested in working with? Please list at least 3.
5. Will you be able to commit to a **minimum of 10 observation hours (SM1), 50 hours (SM2) or 90 hours (SM3 Honors and SM4 Honors)** with sports teams after school? **\*\*You will need to make your own travel arrangements for working practices and/or games\*\*** In order to work games, you must have a pair of closed-toed shoes, athletic shorts of appropriate length or athletic pants, and an AFHS athletic training t-shirt.
6. Which elective(s) would you like dropped in place of this class?

7. Is there anything else that you would like to add?

Circle the level of Sports Medicine you are interested in taking next year: **I**   **II**   **III Honors**   **IV Honors**  
**You can take one level each semester.** (ex: level I during the fall semester and level II during the spring semester) \*\*If you do not take level I and II in the same year then you will not be able to take level II until the following year due to when it is offered.

**Teacher Recommendation:** Please have all of your current teachers sign below stating that they would recommend you for the Sports Medicine class.

\*\*Teachers if you have any reservations about this students please email me at [ayelmini@wcpss.net](mailto:ayelmini@wcpss.net).

1<sup>st</sup> period class: \_\_\_\_\_ Teacher signature: \_\_\_\_\_

2<sup>nd</sup> period class: \_\_\_\_\_ Teacher signature: \_\_\_\_\_

3<sup>rd</sup> period class: \_\_\_\_\_ Teacher signature: \_\_\_\_\_

4<sup>th</sup> period class: \_\_\_\_\_ Teacher signature: \_\_\_\_\_