

**2020-2021**

 **Sports Medicine Application Football/Basketball**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2021/2022 School Year\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lives with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents’ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Description:**

**1. Assist with hydrating players and coaches.**

**2. Assist with equipment (to and from practice/to and from game).**

**3. Assist in collecting football clean up after practice/game (coolers/water bottles/game apparel).**

**4. Assist in daily operation of program as needed.**

**5. First Aid trained team members may assist Coach Prochazka in applying first aid as needed.**

**Job Requirements:**

**1. Maintain a 2.5 GPA**

**2. Maintain excellent conduct. Conduct concerns will be dealt with as needed.**

**3. Required to attend summer workouts, summer 7-on-7 tournaments, and all practices and games once season starts. Start date of summer practices/workouts is TBA.**

**-Summer practices are M-T-Th, 5-7pm.**

**-Fall practice/games begin in August. Exact date is TBA.**

**-During basketball games, you will only work games, and no practices.**

**4. Purchase of required PJHS Sports Medicine clothing and shoes totaling approximately $200.**

**5. Participation in at least one fundraiser to pay for travel and food expenses.**

**Due with Application:**

\*Sports Medicine Questionnaire- Filled out COMPLETELY.

\*“Sports Medicine Evaluation Form” filled out by two teachers. Teachers are to turn in by email or by placing form in my communication box in the front office. I will accept photos of evaluation form from teacher.

\*Failure to follow ALL instructions listed above will result in NOT being considered for the position.

\*Interviews are scheduled if application is approved.

**Application and Forms are due April 12, 2021 by 3:00 p.m.**

***You MUST turn in application to COACH PROCHAZKA by email or in person by due date. Applications will not be accepted after the due date.***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Questionnaire

\*Directions: Answer each question in complete sentences. This form must accompany the application.\*

1. Why do you want to be on the Sports Medicine team?
2. What are your typical grades? (A’s, B’s?)
3. What other school activities or extracurricular activities are you involved?
4. How well do you understand the game of football?
5. Are you willing to fundraise?

1. In what ways will you benefit the Sports Medicine team?

**Sports Medicine Evaluation Form**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I need some help with getting feedback about students trying out for Sports Medicine. Do not give back to students, as these are confidential.**

**Please choose on a scale of 1-5 with 5 being the greatest and 1 being the least.**

1. How responsible is this student?

1 2 3 4 5

2. Is this student able to work without supervision?

1 2 3 4 5

3. How well does this student get along with others and work in groups?

1 2 3 4 5

4. How is this student’s behavior in class?

1 2 3 4 5

5. How are this student’s grades in your class?

1 2 3 4 5

COMMENTS:

Please place in the PE box in the front office by Friday, 4/16/21, at 3pm. Please email a photo of this form if you are not able to personally turn it in.

**Do not give back to students, as these are confidential.**

**-Coach Prochazka**

**Sports Medicine Evaluation Form**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**-Coach Prochazka**