Thank you for your interest in the Williams HS Athletic Training program. Please read through the Athletic Training Student Handbook and then fill out/sign the required information that follows. Please return it to me by email (<u>katie.loveday@pisd.edu</u>). I look forward to meeting and working with you this coming year! -Coach Loveday

	Williams HS Student Athletic Training Program							
BTHLET	Student Athletic Trainer Information							
	Student Name:							
		First Na	ime	М	Last Name			
ALL THE REAL	Current Grade:		Student ID:					
TAD	School (check one):	Otto/ Bowma	n/Willian	15			
Address:								
Street	Apt #	City	State		Zip Code			
Student Cell Phone #:								
Student Email:								
T-Shirt Size (Check One): እ	KS/ S/ M/ L/ XL/ 2X	KL/ 3XL						
Birthday:///////								
How will student be getting	g to and from schoo	l and pr	actices? (Chec	ck One)				
Rides Bus / Parent or member/ Other:	r Guardian Drives/ St	udent di	rives own car/ I	Rides with	friend or family			
Williams HS Class Schedule								
Class	Т	eacher		Classr	oom			
1 st 2 nd								
3 rd								
4 th 5 th								
6 th								
7 th								

Athletic Training Handbook Acknowledgement

I have read the student handbook and understand that I could be dismissed from the athletic training program at Coach Loveday's discretion if I fail to uphold the conduct, rules, and policies stated in the athletic training student handbook.

Student Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian Name:					
	First Name M		La	Last Name	
Address:					
Street	Apt #	City	State	Zip Code	
Parent Cell Phone #:					
Parent Work Phone #:					
Parent Email:					
Emergency Contact Inform	mation				
Name:					
Firs	t Name	М	Last Name	2	
Address:					
Street	Apt #	City	State	Zip Code	
Parent Cell Phone #:					
Parent Work Phone #:					
Parent Email:					
Preferred mode of contact:	Phone	🗆 Cell Pho	ne 🗆 Email		

Parent Agreement

I allow my student to participate in the athletic training program. I have read the Student Athletic Training Program Handbook and understand that my child must abide by it in order to participate. I also understand that this is a big time commitment that will include late nights, early mornings, weekends, and holidays.

Parent/Guardian Signature:	Date	
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