



Sports Medicine

2023-2024 Regional Occupational/ CTE Program

APPLICATION FOR (circle one)

Advanced Sports Medicine / Clinical Sports Medicine



Student Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Student ID#: _____

Must have completed Advance Sports Medicine before applying for Clinical Sports Medicine.

Advanced will spend one season with an athletic team.

Must be cleared through Palmdale High Athletics.

Must have all required Immunizations.

Clinical Sports Medicine will spend 4 hours per week at an intern site and take Medical Terminology online.

Please answer the following questions thoroughly. If you need more room, attach a separate sheet of paper.

1. Are you aware and are you willing to put in the extra time it will take to meet the requirements for this class? (Explain)

2. What sports team or clinical site would you like to work with? (Why?)

3. What is your 5-year plan?

4. Advanced Sports Medicine: When working with a team, are you aware that you will need to follow that teams' rules and schedule, even over vacations and breaks?

5. What medical back ground do you have that will help you in this class?

6. Have you ever had an injury (sports or other) that would help you to understand what the athlete or patient is going through physically and mentally? (Please explain.)

7. Are you involved in any other activities that would interfere with your time with your team or site? (Please list)

8. Do you drive or have transportation in order to get to your clinical site, practice or game?

9. All Advanced and Clinical Sports Medicine student must have a current First Aid, CPR certification and Immunizations, before working with a team or clinical site. All students must be cleared through the Athletics office before working with a sport team. All students must have good attendance, "C's" or better grades, and two letters of recommendation to participate.

**Health Careers Academy
Recommendation Form
SPORTS MEDICINE**

Student Name: _____

Current School: _____

Dear Teacher/Counselor/Employer:

The above-named student is applying for the Health Careers Academy Sports Medicine class at Palmdale High School. Please complete the student ratings below and make comments in the space provided.

Please return this form **SEALED IN AN ENVELOPE** to the requesting student, or to Chad Burry c/o PHS Health Careers Academy. The deadline for submitting a completed application is **March 31, 2023**.

1. Daily attendance is:

Excellent _____ Good _____ Fair _____ Poor _____
(0-2 absences) (3-4 absences) (5-8 absences) (Frequent absence)

*Any special circumstances for absences:

2. Arrival for class/work is generally on time:

Always _____ Most of the time _____ Sometimes _____ Seldom _____

3. Completion of class assignments, homework, special projects are generally completed and submitted on time:

Always _____ Most of the time _____ Sometimes _____ Seldom _____

4. Participation and demonstrated interest in activities is:

High _____ Very good _____ Good _____ Fair _____

5. Because the spaces for these classes are limited, it is important that those selected will have a commitment to complete the course. This means that the student must be at school every day, on time, and with completed assignments. Based on your information, would you recommend this student?

Highly Recommended _____ Recommended w/reservations _____ Not recommended _____

6. Additional comments:

Reference Name (print) and Signature: _____

Date: _____ **School/Organization:** _____

Phone/Ext: _____ **e-mail:** _____