

RCC ATHLETIC TRAINING STUDENT APPLICATION

General Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student ID #: _____ DOB: _____

E-mail: _____

Level of Education:

_____ High School (Year in School _____)

_____ High School Degree

_____ RCC Student (_____ semesters complete)

Athletic Training Coursework Experience:

	Completed	Currently Enrolled	Plan To Enroll
ROP Athletic Training Course	_____	_____	_____
RCC-PHP 16 Intro to Athletic Training	_____	_____	_____
PHP 30 CPR and First Aid	_____	_____	_____
Other _____	_____	_____	_____

Number of hours you are able to commit to the Athletic Training Room each week: _____

Semester that you will be available to start the program: _____

Shirt Sizes: _____

T-Shirt	Polo Shirt	Sweat Shirt
_____	_____	_____

Mail to the following address:

RCC Athletic Training
Riverside Community College District
4800 Magnolia Avenue
Riverside, CA 92506
Phone: (951) 222-8908
Fax: (951) 328-3616

