

**OKLAHOMA COACHES ASSOCIATION
ALL STATE ATHLETIC TRAINING STUDENT AIDE
NOMINATION FORM**

OFFICE USE ONLY

Rec'd: _____

Other: _____

DUE: APRIL 24, 2025 (All late forms will be subject to a fine.)

Only Senior Athletic Training Student Aides are eligible.

Please circle the appropriate information in the categories below:

EAST / WEST

REGION: 1 2 3 4 5 6 7 8

ATHLETE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: (_____) _____

EMAIL: _____ *Required.

HIGH SCHOOL: _____

ADULT SHIRT SIZE: XS S M L XL XXL

RING SIZE: _____ All State athletes are awarded an All State ring **only** if they participate in the All State Games.

Please complete the athlete profile information as accurately as possible. The OCA must be able to reach the athlete at an address and phone number other than the school. This form must be completed and accompanied by three (3) letters of recommendation and a video for the senior student to be considered for All State Honors. (Please refer to the 2025 Selection Plan for All State Athletic Training Student Aide for detailed instructions.)

Longevity in the program and character are much more important than athletic ability. Due to the selection process and guidelines, please note that the top athletes may not always be chosen.

In nominating this prospective All State athletic training student aide, I understand that I assume the responsibilities as the coach / certified adult athletic trainer in seeing that my nominee, if selected, will abide by the rules and regulations ascribed by the Oklahoma Coaches Association.

Certified Adult Athletic Trainer/

Coach's Name: _____

Signature: _____

PHONE: (_____) _____ EMAIL: _____

Coach and athlete information MUST be filled out for the All State nomination to be considered complete.

The head coach or certified adult athletic trainer must be a member of the Oklahoma Coaches Association in order to nominate an athlete for All State. The nomination form must be signed by the head coach.

ALL STATE ATHLETIC TRAINING STUDENT AIDE PROFILE (PAGE 2)

(Please Print)

Nominee's Name: _____

School: _____

VARSITY TEAM EXPERIENCE

Freshman Year: _____

Sophomore Year: _____

Junior Year: _____

Senior Year: _____

INTENDED COLLEGE AND MAJOR AFTER GRADUATION

SPORTS MEDICINE CAMPS / EDUCATIONAL COURSES ATTENDED

ADDITIONAL INFORMATION

G.P.A on a 4.0 Scale: _____

Other sports participated in and any honors or awards received: _____

List any academic or student awards/honors received, any class offices held and any other club or organization memberships: _____

Additional Comments: _____

EMAIL FORM AND YOU TUBE LINK TO: allstate.atsa.app@gmail.com

Email must be sent on or before April 24, 2025.

Selection committee members are not exempt from the due date. Late nominations will be subject to a fine.