

**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](mailto: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.**