



NOMINATE YOUR FAVORITE HIGH SCHOOL SENIOR ATHLETE TODAY!

Student Nominee: _____

Student Phone Number: _____

Student Email Address: _____

Sport: _____

Cumulative GPA: _____

School: _____

Nominator: _____

Nominator Role: _____

Nominator Phone Number: _____

Nominator Email Address: _____

ADDITIONAL SPACE ON THE BACK FOR EXTENDED ANSWERS.

Please describe the student- athlete’s interscholastic athletic accomplishments, including acts of sportsmanship:

Please describe the nominee’s commitment to academics and noteworthy achievements:

I UNDERSTAND THAT NOMINATION FORMS WILL ONLY BE CONSIDERED IF A PARENT/GUARDIAN HAS SIGNED A CONSENT FORM (ADENA.ORG/CONSENT). NOMINATIONS MAY BE SUBMITTED TO ADENASPORTSMED@ADENA.ORG OR FAXED TO 740-779-7388.

THIS STUDENT ATHLETE IS A HIGH SCHOOL SENIOR

PLEASE ATTACH A PHOTO OF THE ATHLETE NOMINEE WITH THIS COMPLETED FORM.

Please describe how the nominee demonstrates leadership at school and in the community:

Athlete must be nominated by school official or parent (nominations from parents must be sponsored by a school official - AD, principal, Coach, or counselor) and reside in the following counties: Adams, Fayette, Gallia, Highland, Hocking, Jackson, Pickaway, Ross, Scioto and Vinton. Student athlete must have at least a “B” average in all subjects and excel on the athletic field.



Sports Medicine

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