

# SDATA Iron Will Award

The SDATA Iron Will Award serves to honor those outstanding high school or college athletes that have successfully returned to competition following a serious athletic injury. It also serves to honor the certified athletic trainer who played a major role in working with the athlete.

## Nomination and Selection Process:

1. Nomination application must be completed and submitted electronically to the SDATA Honors and Awards Committee by deadline provided on application.
2. The SDATA Honors and Awards Committee will review all nomination applications submitted by deadline and a recipient will be selected.
3. The SDATA Honors and Awards Committee need not select a recipient every year.

CRITERIA FOR NOMINATION	
1.	Nominations are open to all injured athletes that are in a South Dakota High School Activities Association sanctioned sport or participate on a College/University athletic team in South Dakota
2.	The athlete must have sustained a serious injury that forced him/her out of competition for a period of at least two months
3.	The athlete must have been diagnosed and initially treated by a physician
4.	The athlete must have successfully completed a rehabilitation program
5.	The athlete must have had some direct contact with a certified athletic trainer during his/her injury, either with initial evaluation or during rehabilitation process
6.	The athlete must have successfully returned to competition following the above-mentioned rehabilitation program
7.	The athlete's injury must have occurred during an in-season athletic practice or competition during their tenure at the High School or College/University

Deadline for Nomination:	Return Nomination to:
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NOMINEE INFORMATION--ATHLETE								
Name								
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				
Secondary School				College/University				
Injury diagnosis								
Grade Level								

**NOMINEE INFORMATION—CERTIFIED ATHLETIC TRAINER**

Name								
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				
Secondary School			College/University			Clinic		
Place of Employment								
Number of years as Certified Athletic Trainer								

**NOMINATOR INFORMATION**

Name								
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				

How do you know the nominee(s)?

Please attach a 500-1,000 word description of the athlete's injury and rehabilitation program, which includes the following:

1. The athlete's injury, including cause and severity.
2. The physician's initial diagnosis and treatment protocol.
3. What role did the certified athletic trainer play?
4. The details of the rehabilitation program.
5. The details of the athlete's conditioning program prior returning to competition.
6. The degree of success the athlete achieved returning to competition.
7. Dates of when above mentioned points (1-5) occurred.
8. Names, titles and phone number of the physician and certified athletic trainer who played a major role in the athlete's comeback.