

**Southwest High School 2010-2011** SPORT: \_\_\_\_\_

**Minneapolis Public Schools Athletic Information Card** (PLEASE PRINT IN BLUE OR BLACK INK)

**Athlete Grade:** \_\_\_\_\_ **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_ **Month/Date/Year**

**Address:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **School ID#** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

(person to be notified in case of emergency)

**Home Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work/ Alternate Phone:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Alternate Person to Notify:**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency info:** Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Insurance (type/number)** \_\_\_\_\_

**For the safety of your student-athlete, please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know:**

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