MINNEAPOLIS PUBLIC SCHOOLS ATHLETIC REGISTRATION AND EMERGENCY INFORMATION CARD

| Student Name | First Grade |
|---|--|
| PRINT Last Address | First Zip |
| Email | |
| Parent/Guardian (person to be notified in case of emergency) | |
| Name | Daytime Phone |
| | Evening Phone |
| Alternate Person to Notify: | Football \$90 Boys Soccer \$75 |
| Name | Girls Soccer \$75 Girls Swim \$75 |
| Phone_ | Girls Tennis \$75 Volleyball \$75 |
| | XC Run \$75 Cheerleading \$75 |
| EMERGENCY MEDICAL CONDITION | |
| Do Not Complete below For Athletic Office Only | |
| Physical MSHSL Form | Fee Check / Cash |
| Eligible? YES NO Reason | \$ Amount |
| GPACredits | AD Signature |
| MEDIA RE | LEASE FORM |
| Minneapolis l | Public Schools |
| Throughout the year, media may visit our events, request events. The Athletic Department of the MPS will be releasingly but not limited to team rosters, promotional mat for college recruiters if appropriate. This information may stations, school programs, posters, brochures and newslett permission before your child's photograph or voice can be document giving your permission to allow interest for profile Thank you for your cooperation. | sing your child's name and images for many reasons erial, game footage, team pictures as well as information be used or shown on websites, radio stations, television ers. Because of state law, a school must obtain your e used by the media or the district. Please sign this |
| I give my permission for | ID# |
| PRINT STUDENT NAME To be filmed, photographed, interviewed and/or listed by | the media during the school events and for the athlatic |
| departments to use for promotional information and education | |
| - · · · · · · · · · · · · · · · · · · · | Date |

Parent/Guardian Signature