

# SPORTS ATHLETE INFORMATION CARD

Student ID# \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

School attended last year \_\_\_\_\_  
Name of School City State

Number of years at South \_\_\_\_\_ Number of courses enrolled off campus \_\_\_\_\_

Number of courses enrolled this semester \_\_\_\_\_ Courses failed last semester \_\_\_\_\_

Number of courses enrolled last semester \_\_\_\_\_ Teacher / Office Aide: Yes  No   
(Check One)

\_\_\_\_\_  
Name of sport in which you are participating

\_\_\_\_\_  
Signature of Athlete