



# South Paulding Junior & Middle School Registration

PLEASE PRINT CLEARLY

**COST (per child):**  
\$75.00 REG. FEE  
\$45.00 USA CARD

\*\*\*payment plan if needed....  
Do not hesitate to call or email  
Erin @678-770-3275  
JuniorSpartans@bellsouth.net.  
We want every kid to have the  
chance to wrestle.

Wrestler Name: \_\_\_\_\_ ( M / F ) Age \_\_\_\_\_ Yrs Experience: \_\_\_\_\_  
Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ H.S. expected to attend: \_\_\_\_\_  
Previous Years at State Placed ( 1, 2, 3, 4 ) What Age & Weight Class placed in: \_\_\_\_\_

**MUST  
HAVE**

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Father: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
Mother: \_\_\_\_\_ Mother Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Office: \_\_\_\_\_  
Email Addresses: (primary) \_\_\_\_\_  
(secondary) \_\_\_\_\_

### Emergency Contacts

Name (relation): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name (relation): \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: Please List & Explain reactions / side affects. Be sure to include past / immediate treatments.  
Medical: (i.e. Asthma) \_\_\_\_\_  
Foods: (i.e. snacks/drinks) \_\_\_\_\_  
\*\*\*\*WHO REFERRED YOU TO OUR TEAM OR HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### Parent Signature & Date

All above areas must be complete.

#### This section for Team Secretary Only

Registration: Paid \_\_\_\_\_ Cash/Check \_\_\_\_\_  
Website Release Signed \_\_\_\_\_ Birth Certificate Received: \_\_\_\_\_ Parent Info  
Sheet Signed \_\_\_\_\_

Roster (\_\_\_\_), Financial (\_\_\_\_), Address List (\_\_\_\_), Copy of USA Card (\_\_\_\_)  
Invoice (\_\_\_\_), Email (\_\_\_\_), Team Manager List (\_\_\_\_), Payment Plan ( Yes / No )