



# 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  
Coach Byers at 770-891-2103  
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 )