



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)