



\$20 OFF

Let us know who referred you to Sparta Pride and they will receive a \$20.00 credit towards their choice of registration fee, clothing or uniform purchase. Limited to one credit per family.

Referral  
DISCOUNT

## Join Sparta Pride's 2011/2012 Season

### 1 Wrestler Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Years Wrestled \_\_\_\_\_ Weight \_\_\_\_\_  
School \_\_\_\_\_ Current Grade \_\_\_\_\_  
Parent/Guardian(1) \_\_\_\_\_ Parent/Guardian(2) \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Phone(Work) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Email \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 2 Emergency Medical Information

Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emer. Contact Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_

3 Payment Information

The 2011/2012 registration rate is \$65.00 for the first child and \$50 for each additional child.  
\*For questions or concerns regarding financial hardship, please contact us.

Number of Children \_\_\_\_\_

Referred By \_\_\_\_\_

If paying by check, please address to:  
Sparta Pride Wrestling  
P.O. Box 621  
Sparta, NJ 07871

4 Health & Privacy Policy

In case of emergency or illness I request that Sparta Pride Club coaches contact me. If I cannot be reached, I authorize coaches to call the emergency contacts or physician for treatment. If the above are unavailable, I authorize the coaches to seek treatment and this document will serve as permission for authorized medical personnel to treat my child. I hereby hold harmless Sparta Pride, its coaches, board members and all those affiliated with Sparta Pride from and against all losses, claims, damages and penalties relating to claims arising from the participation in the Sparta Pride program.

I hereby give permission to allow a recognizable image of my child, still or video, in a newspaper, news broadcast or Sparta Pride Internet web page or advertising material in connection with an event, award or activity at a Sparta Pride event. I understand that their name, hometown and state can be attached to said image at the time of publication.

Parent/Guardian Signature \_\_\_\_\_

FOR WRESTLING CLUB USE: Payment Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_