SPHS Spartans 6th / 7th / 8th Grade Football Registration

Players Name: _____ Upcoming: 6th Grader 7th Grader 8th Grader

Age: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Alternate Mobile # _____

Primary Email: _____ Secondary Email: _____

Middle School _____

Emergency Contact: _____ Emergency Contact #: _____

The student is domiciled at the above address located in the _____ High School district

Amount Pd. _____ Check ☐ #_____ Cash ☐ Receipt #: _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

Warning: **By its nature, participation in inter-scholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death. Participants must obey all safety rules, report all physical problems to their coaches, follow proper conditioning program, and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning.**

CONDUCT STATEMENT

The South Paulding Spartan 6th, 7th and 8th grade football program will be one of discipline, character and respect. Student athletes are highly visible in the school and the community and serve as role models for younger students. Therefore, the South Paulding Spartan 7th and 8th grade feeder football program expects its student athletes to act in accordance with their positions as representatives of South Paulding Spartan football and their respected school. Questions regarding the inappropriate behavior of a student will be investigated thoroughly and may result in disciplinary action and/or expulsion from the team. Additionally, the student may be excluded from future participation in our program.

My signature below indicates my understanding of the previous statements.

Print Student's Name: _____ **Grade:** _____

Parent's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

OFFICIAL USE ONLY

___ BIRTH CERT. ___ FEE (NONREFUNDABLE) ___ DEPOSIT ___ IN DISTRICT ____PHYSICAL