SEPA WRESTLING

Fall 2026

Scholastic

Please visit our website at sepawrestling.org
Email us at Sepacoachjoe@gmail.com

SEPA Bucks

All registration forms are to be given to Tara Jordan or Joe Erb
August 4th, 2026 – October 29th, 2026

White Practice
Tuesdays & Thursdays
6:00pm to 7:00pm

Blue Practice
Tuesdays & Thursdays
7:00pm to 8:30pm

Oxford Valley Mall
2300 East Lincoln HWY
Suite 220-A
Langhorne Pa 19047

Contacts

Joe Erb – 267-907-4807
Tara Jordan – 215-669-9903

SEPA FALL REGISTRATION FORM 2026

WRESTLERS NAME _____

DOB: _____ AGE: _____ YRS EXPERIENCE: _____ WEIGHT: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S CELL #: _____ FATHER'S CELL #: _____

HOME NUMBER: _____

ADDRESS: _____

CITY _____ STATE_____ ZIP_____

E-MAIL:_____

SCHOOL: _____ GRADE: _____

INSURANCE PROVIDER: _____

Make checks payable to***: SEPA Wrestling***

REGISTRATION

$250 PER WRESTLER

T-SHIRT: SIZE (YS, YM, YL, AS, AM, AL, AXL, AXXL)

SHORTS: SIZE (YS, YM, YL, AS, AM, AL, AXL, AXXL)

ALL PRACTICE FACILITIES

I, THE PARENT/GAURDIAN OF THE ABOVE CHILD, HEREBY GIVE MY PERMISSION TO PARTICIPATE IN ANY AND ALL WRESTLING ACTIVITIES DURING THE CURRENT SPORT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES AND DO HEREBY WAVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS SOUTHEAST PA WRESTLING, LINCOLN PLAZA CENTER, LP, THE ORGANIZER, SPONSORS, SUPERVISORS, PARTICIPANTS AND PARENTS TRANSPORTING MY CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING FROM INJURY TO MY CHILD EXCEPT TO THE EXTENT AND IN THE AMOUNT OF THE SOUTHEAST PA WRESTLING'S ACCIDENT OR LIABILITY INSURANCE, PROVIDED SUCH CLAIMS ARE NOT COVERED BY MY PRIVATE MEDICAL PLAN.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

----------OFFICIAL USE----------

TOTAL OWED_____ METHOD OF PAYMENT CASH_____ CHECK #_____ VENMO_____

BALANCE OWED_____ Practice: **Blue** / **White**

SOUTHEAST PA WRESTLING RULES ACKNOWLEDGE FORM
PARENTAL/GAURDIAN FORM

CHILD'S NAME _____

I UNDERSTAND THAT THE HEAD COACH IS RESPONSIBLE FOR THE ACTIONS OF ALL THE YOUTH PARTICIPANTS, COACHING STAFF AND PARENTS THAT ARE INVOLVED IN THE EVENTS FOR THE TEAM IN WHICH MY CHILD PARTICIPATES.
I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE PARTICIPANT CODE OF CONDUCT.

I UNDERSTAND THAT ANY VIOLATION OF THESE RULES IS SUBJECT TO DISCIPLINARY ACTION BY SEPA WRESTLING.

I UNDERSTAND THAT IT IS MY RESPONSIBILTY AS A PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, TO ADVISE ANY INDIVIDUAL(S) WHO I INVITE OR BRING TO A TEAM EVENT OF ALL RULES AND REGULATIONS. I UNDERSTAND THAT I WILL BE HELD ACCOUNTABLE FOR THEIR CONDUCT, WHILE IN ATTENDANCE AT A TEAM EVENT.
NO PARENT WILL BE ALLOWED INTO THE WRESTLING PRACTICE ROOM AT ANY TIME DURING THE SEASON.

I HEREBY UNDERSTAND THAT DISCIPLINARY ACTION OF A WARNING, WRITTEN REPRIMAND, OR A SUSPENSION WILL NOT BE SUBJECT TO AN APPEAL.
MY SIGNATURE BELOW WILL CONFIRM THAT I UNDERSTAND AND ACCEPT THE ABOVE AS CONDITIONS TO MY CHILD'S PARTICIPANT FOR SOUTHEAST PA WRESTLING.

_____ _____
PARENT OR GUARDIAN DATE

_____ _____
ADDITIONAL PARENT OR GUARDIAN DATE

EACH PARENT/GUARDIAN MUST SIGN THIS FORM. FORM IS TO BE TURNED INTO THE PRESIDENT. A NEW FORM IS TO BE COMPLETED WHEN ADDITIONAL OR DELETIONS ARE MADE.

YOUTH SPORTS PARENT CODE OF CONDUCT

It is easy for even the most well-intentioned parents to get caught up in their kid's sports and engage in behavior that contradicts the objectives youth sports are supposed to embody.

An occasional slip is forgivable, but if this egregious behavior has become part of your regular sports parenting repertoire it's time to review our youth sports parent code of conduct and start taking these rules to heart.

SEPA CODE OF CONDUCT FOR PARENTS OF WRESTLERS.

1. I will not yell at officials.

2. I will not fight with another parent, official, or child.

3. I will not encourage violence with verbal or physical threats.

4. I will not curse.

5. I will not bring my child to practice and or a match when they are obviously sick and

contagious.

6. I will not bring my child to a practice if they have stayed home from school sick.

7. I will not blame anyone after a loss.

8. I will not yell advice to my child during a game.

9. I will let my child's interest level, not my own, drive their training.

10. Hair must be cut to neck line or need to wear a wrestling purchased head piece.

Parents Signature: _____

Date: _____