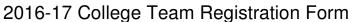
| State Abbreviation: | | | |
|---------------------|--|--|--|
|---------------------|--|--|--|

| Head Coach Last Name: | |
|------------------------------|--|
| | |



Scholastic Action Shooting Program





| College / University Name: | | | | |
|---|--------------------------|---------------------|--------------------|-------------------------|
| Division: □ Div. 1 □ Div. 2 □ | Div. 3 | Are You Affilia | ited With The AC | UI?: Yes No |
| Head Coach Information | | | | |
| First Name: | | Last Name: | | |
| Address: (Home) | | | | |
| City: | | State: | | Zip: |
| Home Phone: | Work Phone: | 1 | Cell Phone: | |
| E-Mail Address: | | | - | |
| Student Advisor / Club President I | nformation | | | |
| First Name: | | Last Name: | | |
| Address: (Home) | | | | |
| City: | | State: | | Zip: |
| Home Phone: | Work Phone: | 1 | Cell Phone: | |
| E-Mail Address: | | | - | |
| *if Yes, please submit on school letterh Principal or Athletic Director. <u>Disciplines:</u> | ead verification that Te | am is recognized as | a sponsored school | team or club, signed by |
| Rimfire - Pistol | Iron Sig | ht - Rifle | | |
| Centerfire - Pistol | Ontic Si | ght - Rifle | | |

Coaches Please Note:

No Coach or Athlete will be considered an SASP Member until their completed registration form is entered on-line (www.sssfonline.org) and a copy on file at SASP Headquarters.

Initial Team Registration Requirements:

- Full Squad: Four (4) registered Athletes.
- Additional Athletes may be registered at any time.

| Required Forms: Athlete Consent & Waive Medical Consent Form: Si Sportsmanship Contract: | gned by at | hlete and a par | rent / lega | al guardian. | parent / legal | guardian. |
|---|---|--|--|---|---|--|
| Note: Athletes 18 years of age Waiver Form, but the athlete | | • | | | | |
| Team Registration Fees: Athletes: Late Fee: (If after Feb. 1st) | х | \$20.00 \$25.00 | = | \$ \$ | <u>. </u> | |
| Total Registration Fee Due: | | | | \$ | | |
| Scholastic Trust Endowmer For Scholastic Trust Endowmer | ent Accoun | nt Purposes On | ly. Please | list the qualific | ed school that | best represents your t |
| | | - | | list the qualific | ed school that | best represents your t |
| For Scholastic Trust Endowme Qualifying School or SST Ac Address: (no PO Boxes) | n, payment ch complet you will be t be submit ying Athlet orior to eac (3) Februa | can be made of the ses their online able to begin etted to Headquite Registration of discipline's Sary 1, whicheve | on-line wiregistration terms yeartering yearters. If Consent & SASP Stat | State: th credit card con (www.sssfo) our team infor the coach has in Waiver Form Championsh | or by check (pa nline.org) and mation. Only t no access to th s must be sub | zip: nyable to SSSF) through has their annual the Athlete Registration he web, this form, Coadmitted. In either case, |