

State Abbreviation:

Head Coach Last Name: _____



Scholastic Action Shooting Program
2016-17 College Team Registration Form



College / University Name:	
Division: <input type="checkbox"/> Div. 1 <input type="checkbox"/> Div. 2 <input type="checkbox"/> Div. 3	Are You Affiliated With The ACUI?: Yes No

Head Coach Information

First Name:		Last Name:	
Address: (Home)			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-Mail Address:			

Student Advisor / Club President Information

First Name:		Last Name:	
Address: (Home)			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-Mail Address:			

**if Yes, please submit on school letterhead verification that Team is recognized as a sponsored school team or club, signed by Principal or Athletic Director.*

Disciplines:

<input type="checkbox"/>	Rimfire - Pistol	<input type="checkbox"/>	Iron Sight - Rifle
<input type="checkbox"/>	Centerfire - Pistol	<input type="checkbox"/>	Optic Sight - Rifle

⇨ **Important – Please Read and Heed** ⇩

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.

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Required Forms:

- **Athlete Consent & Waiver Form:** Completed & signed by the athlete and a parent / legal guardian.
- **Medical Consent Form:** Signed by athlete and a parent / legal guardian.
- **Sportsmanship Contract:** Signed by athlete and a parent / legal guardian.

Note: Athletes 18 years of age or older are not required to have a parent or legal guardian sign the Athlete Consent & Waiver Form, but the athlete does need to sign the form. Submission of this form is required.

Team Registration Fees:

Athletes: _____ X \$20.00 = \$ _____ .
 Late Fee: (If after Feb. 1st) \$25.00 = \$ _____ .

Total Registration Fee Due: \$ _____ .

Scholastic Trust Endowment:

For Scholastic Trust Endowment Account Purposes Only. Please list the qualified school that best represents your team.

Qualifying School or SST Account Name:		
Address: (no PO Boxes)		
City:	State:	Zip:

Complete Team Registration:

To complete team registration, payment can be made on-line with credit card or by check (payable to SSSF) through the U.S. Mail. Once the Head Coach completes their online registration (www.sssfonline.org) and has their annual background check approved, you will be able to begin entering your team information. Only the Athlete Registration Consent & Waiver Forms must be submitted to Headquarters. If the coach has no access to the web, this form, Coach Registration and all accompanying Athlete Registration Consent & Waiver Forms must be submitted. **In either case, the required (1) Thirty (30) days prior to each discipline's SASP State Championship, (2) any Collegiate Shoot receiving SASP Endowment Monies, or (3) February 1, whichever comes first.**

Mail To: SSSF / SASP Headquarters
N65W7335 Cleveland Street
Cedarburg, WI 53012-1856

New team referred to SASP by: _____

SASP Coach Name and Team Name