

State Abbreviation:

Head Coach Last Name: \_\_\_\_\_



Scholastic Action Shooting Program  
2016-17 Team Registration Form



<b>Team Name:</b>		
<b>Facility Name:</b>		
<b>Facility Address:</b> (no PO Boxes)		
<b>Facility City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Name:</b>	<b>Contact Phone:</b>	
<b>Fax Number:</b>	<b>E-Mail Address:</b>	
<b>High School*:</b> Yes No	<b>School Name:</b>	
<b>Facility Official Mailing Address</b> (if different than above):		

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

**Disciplines:**

<b>Rimfire - Pistol</b>	<b>Iron Sight - Rifle</b>	<b>Open Class – (Collegiate) Pistol</b>
<b>Centerfire - Pistol</b>	<b>Optic Sight - Rifle</b>	

⇨ **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](http://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 & 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.

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**Team Registration Fees:**

Athletes: \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_  
 **Late Fee: (If after June 1<sup>st</sup>)** \$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 Midway Trust Account Name:		
Address: <small>(no PO Boxes)</small>		
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](http://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 forms **must be received at least 10 days prior** to the designated date of your SASP State Championship Shoot or June 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**