

State Abbreviation:

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



## Scholastic Clay Target Program 2017-18 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:** (Select all that apply.)

<input type="checkbox"/> American Trap	<input type="checkbox"/> American Skeet	<input type="checkbox"/> Sporting Clays
<input type="checkbox"/> Olympic Trap (Bunker)	<input type="checkbox"/> International Skeet	<input type="checkbox"/> Doubles Trap

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

**Team Member Information:**

The **Deadline** for registering an athlete on a team’s roster is **10 days** prior to the team’s SCTP State Championship in the discipline(s) for which it is registered or June 1, whichever comes first. All forms and registration fees must be **completed and received** in the SCTP Headquarters **10 days** prior to the SCTP State Team Championship Event(s), along with on-line registration being completed.

**Initial Team Registration Requirements:**

- **Trap:** Minimum of five (5) registered athletes.
- **Skeet & Sporting Clays:** Minimum of three (3) registered athletes.
- **Olympic Trap & Int’l Skeet:** Minimum of three (3) registered athletes.

**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 = \$ \_\_\_\_\_

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**Total Registration Fee Due:** \$ \_\_\_\_\_

**Scholastic Trust Endowment:**

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

<b>Qualifying School or Midway Trust Account Name:</b>		
<b>Address:</b> <small>(no PO Boxes)</small>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**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.com](http://www.sssfonline.com)) 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 SCTP State Championship Shoot or June 1, whichever comes first.

**Mail To:** SCTP Headquarters  
165 Bay Ridge Lane  
Burlington, WI 53105