

State Abbreviation:

Head Coach Last Name: _____



Scholastic Clay Target Program 2019-20 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: (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** ⬅

SCTP Season: September 1st – August 31st:

Team Registration will open on September 1. Collegiate Team Registration closes for the season: (1) Thirty (30) days prior to each discipline’s SCTP State Championship, (2) any Collegiate Shoot receiving SCTP Endowment Monies, or (3) February 1, whichever comes first.

Coaches Please Note:

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

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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 **\$25.00** = \$ _____ .

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. You must have five (5) shooters that attend the listed school.

| | | |
|---|---------------|-------------|
| 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.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 (1) Thirty (30) days prior to each discipline’s SCTP State Championship, (2) any Collegiate Shoot receiving SCTP Endowment Monies, or (3) February 1, whichever comes first.**

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