Scholastic Clay Target Program
2019-20 Team Registration Form

Team Name:

Facility Name:

Facility Address: (no PO Boxes)

Facility City: State: Zip:

Contact Name: Contact Phone:

Fax Number:

E-Mail Address:

High School*: Yes No School Name:

Facility Official Mailing Address (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.)

- American Trap
- Olympic Trap (Bunker)
- American Skeet
- International Skeet
- Sporting Clays
- 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.
Team Registration Fees:

Athletes: _______ X $25.00 = $_______.

☐ Late Fee: (If after June 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 Midway Trust Account Name:

Address: [ ] PO Box

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 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: SSCP Headquarters
165 Bay Ridge Lane
Burlington, WI 53105