

State Abbreviation:

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



Scholastic Action Shooting Program  
2019-20 College Team Registration Form



<b>College / University Name:</b>	
<b>Division:</b> <input type="checkbox"/> Div. 1 <input type="checkbox"/> Div. 2 <input type="checkbox"/> Div. 3	<b>Are You Affiliated With The ACUI?:</b> 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"/>	Rimfire - Rifle
<input type="checkbox"/>	Centerfire - Pistol	<input type="checkbox"/>	Centerfire - Rifle

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

**Coaches Please Note:**

No Coach or Athlete will be considered an SASP Member until they are paid and their completed registration form is entered on-line ([www.sssfonline.org](http://www.sssfonline.org)) and the original 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 \$25.00 = \$ \_\_\_\_\_ .  
 **Late Fee: (If after Feb. 1<sup>st</sup>)** \$30.00 = \$ \_\_\_\_\_ .

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

**Scholastic Trust Endowment:**

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

<b>Qualifying School or SST Account Name:</b>		
<b>Address:</b> (no PO Boxes)		
<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.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 (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:** SASP Headquarters  
N65W7335 Cleveland Street  
Cedarburg, WI 53012-1856

New team referred to SASP by: \_\_\_\_\_

**SASP Coach Name and Team Name**