

State Abbreviation:

Head Coach Last Name: _____



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.

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Team Registration Fees:

Athletes: _____ X \$25.00 = \$ _____
 Late Fee: (If after June 1st) \$25.00 = \$ _____

Total Registration Fee Due: \$ _____

MidwayUSA Foundation Endowment:

For MidwayUSA Foundation Team Endowment Purposes Only. Please list the qualified school that best represents your team.

Qualifying School or MidwayUSA Foundation Endowment 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.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