Scholastic Action Shooting Program 
2019-20 College Team Registration Form

College / University Name:

Division: □ Div. 1 □ Div. 2 □ 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:

<table>
<thead>
<tr>
<th>Rimfire - Pistol</th>
<th>Rimfire - Rifle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centerfire - Pistol</td>
<td>Centerfire - Rifle</td>
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</tbody>
</table>

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) 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.
State Abbreviation: ☐ ☐ Head Coach Last Name: ____________________________

**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:**

<table>
<thead>
<tr>
<th>Athletes</th>
<th>X</th>
<th>$25.00</th>
<th>=</th>
<th>$__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Late Fee: (If after Feb. 1st)</td>
<td></td>
<td>$30.00</td>
<td>=</td>
<td>$__________</td>
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Total Registration Fee Due: $__________.

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

<table>
<thead>
<tr>
<th>Qualifying School or MidwayUSA Foundation Endowment Name:</th>
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</thead>
<tbody>
<tr>
<td>Address: (no PO Boxes)</td>
</tr>
<tr>
<td>City:</td>
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</table>

**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