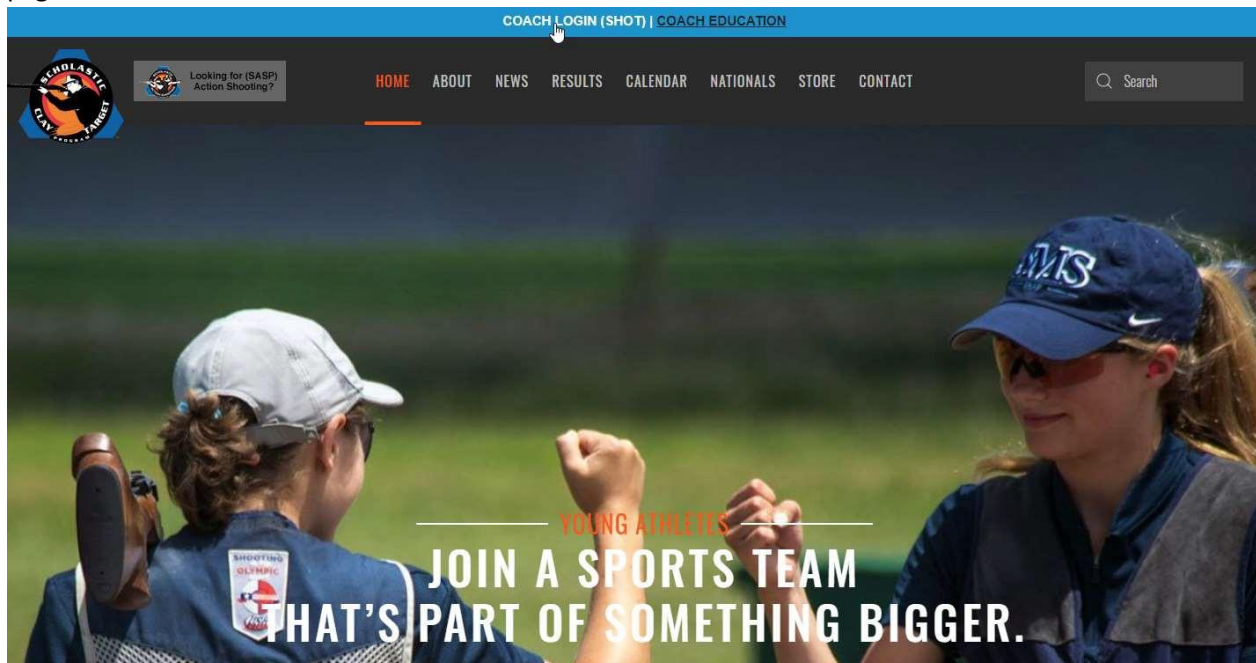


## COACHES (parents scroll to #8)


### Adding Athletes and Completing Digital Consent / Waiver Forms

1. Go to [www.mysctp.com](http://www.mysctp.com) or [www.mysasp.com](http://www.mysasp.com) and click the Coach Login link at the top of the page



2. Login using your volunteer account credentials. NOTE, you must have team administrator access to interact with athletes or coaches. If you need administrator access, please contact another administrator on your team.





Welcome Back!

Username  
joecoach1

Password  
\*\*\*\*\*

**SIGN IN**

[Forgot Password?](#)  
[Register a new team](#)

Looking for results? Click below

[RESULT PORTAL](#)

3. Select the athletes tab from your Team Management menu. From there click on the existing athlete you want to send a form for OR click the Add Athlete button to add a new athlete.

The screenshot shows the SSSF Testing Site interface. On the left is a sidebar menu with options: Home, Profile, Team Management, Select a team to manage (Anytown Claybusters), Team, Fees, Athletes (highlighted with a red arrow), Coaches, Shoots, Leagues, Virtual Series, Conference, Support, and Logout. The main content area is titled 'Athletes - Anytown Claybusters (SCTP)' and includes an 'ADD ATHLETE' button. Below this is a table with columns: ID, Name, SCTP Payment, SCTP Form, and Actions. The table contains one row for ID 77116, Name Jane Athlete, with 'Not received' status for both SCTP Payment and SCTP Form. A red arrow points to the 'Athletes' tab in the sidebar.

4. To add an athlete, you will need to know the athletes' first name, last name and if the athlete is under, or over the age of 18. You will also need to know the parent's email address for minor athletes or the athlete's address for athletes over 18. Enter the athlete's name then click continue.

The screenshot shows the 'Add new Athlete - Anytown Claybusters' form. It has two input fields: 'First name' with the value 'Joe' and 'Last name' with the value 'Athlete'. A 'CONTINUE' button is at the bottom right of the form.

5. To send the DocuSign request to the athlete/parents click the link in the red box

The screenshot shows the athlete details for 'Joe Athlete - #77117'. On the left is a table with columns: ID, Name, SCTP Payment, and SCTP Form. It contains two rows: one for ID 77116 (Jane Athlete) and one for ID 77117 (Joe Athlete), both with 'Not received' status. On the right is a sidebar with a red box containing the text: 'No consent form on file. Please have the athletes parents sign the form. You can email the form by [clicking here](#)'. A red arrow points to this link. Below the red box is a 'CONTACT INFORMATION' section with fields for First name (Joe), Last name (Athlete), Email, Street Address, City, State (Iowa), Zip, and Phone.

6. Complete the next form then click the green box to send signature request.

The screenshot shows the 'Joe Athlete - #77117' profile page. A modal form titled 'Athlete & Parental Consent' is open in the center. The form contains the following fields and text:

- Title:** Athlete & Parental Consent
- Text:** All athletes and parents/guardians (for minor athletes) MUST complete and sign an annual consent and waiver form. Please enter name and email addresses of the athlete's parent/guardian to send an electronic form via email.
- Is this athlete 18 or over?** No (selected)
- Parent first name:** JOES
- Parent last name:** Dad
- Email:** sssftstaact@gmail.com
- Buttons:** CLOSE, SEND SIGNATURE REQUEST

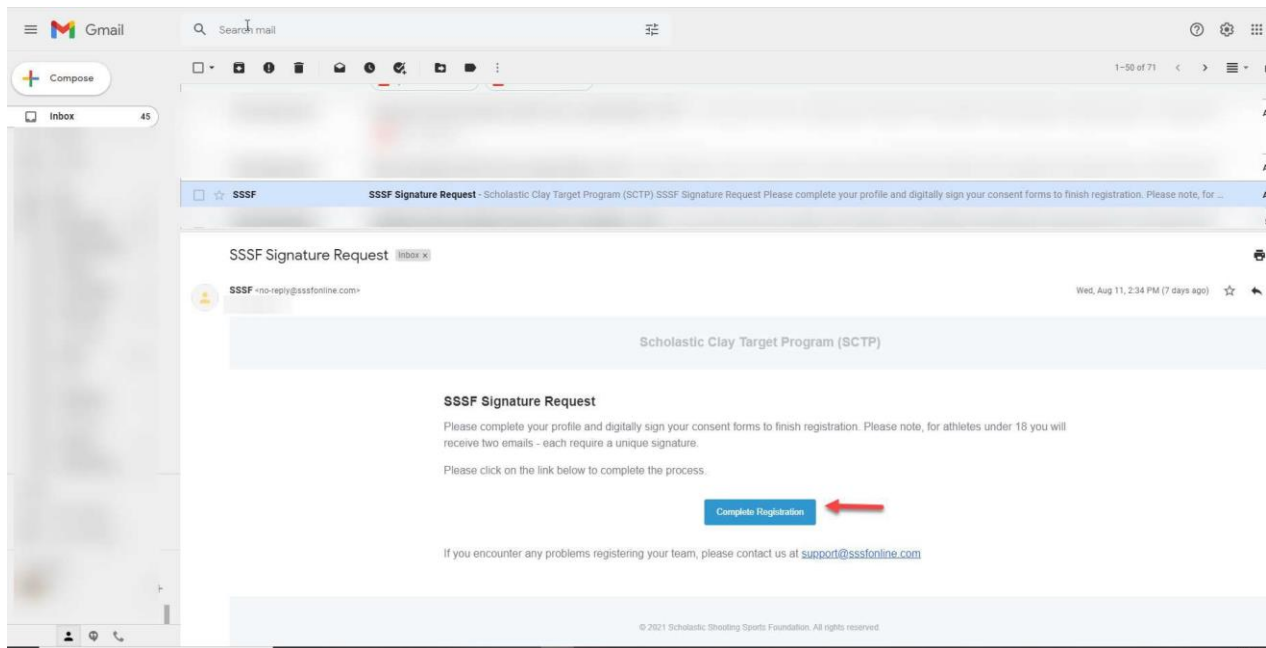
The background shows the athlete's profile with a red box at the top stating: 'No consent form on file. Please have the athletes parents sign the form. You can email the form by [clicking here](#)'. The profile also shows SCTP Form and Payment status as 'Not Received'.

7. You should notice that the red box in the athlete form has now turned yellow indicating the request to complete the athlete profile and signatures has been sent. If for any reason the email is not received, they can be resent anytime using the link in the yellow box. Occasionally the email from 'SSSF' will go to the recipients' spam/junk folder.

The screenshot shows the 'Joe Athlete - #77117' profile page. A yellow notification box at the top right states: 'A request for signature was sent to sssftstaact@gmail.com on 08/18/2021 but we have not received a signed copy back yet. You can send a new request by [clicking here](#)'. A red arrow points to the 'clicking here' link. The background shows the athlete's profile with the SCTP Form and Payment status as 'Not Received'.

**PARENTS start here...**

8. Next, the parent or athlete will receive an email from SSSF with a subject of “SSSF Signature Request”. They must click the Complete Registration Button in the message body.



9. Clicking the Complete Registration button will bring the athlete or parent to the athlete profile. **ALL** fields must be completed then click the green Continue button.

Complete your SSSF Account

1 Athlete Profile

2 Agreements & Account Information

Please complete your profile details below. Any information that is pre-filled has been supplied by your coach

**Personal Details**

First Name: Jane, Last Name: Athlete

Gender: F, Ethnicity: White, Birthday: 2/4, year: 2008, Shirt Size: M

School: North Polk Central Elementary School(Alleman), Expected Graduation Year: 2025

**Contact Details**

Email: sssftestacct@gmail.com, 555 555 5555

**Emergency Contact Details**

Parents Name: Janes Dad, Contact: Father, Email: sssftestacct@gmail.com

555 555 5555, Secondary Phone: 555 555 5555

**Address**

Address: 123 Anywhere Ln

City: Anywhere, Select State: Iowa, 55555

Only allows 5 numeric characters.

CONTINUE

10. After clicking Continue, verify both the parent and athlete email addresses are correct. For minor athletes, two signatures are required. Athletes 18 and older require only the athlete signature. After verification, click the green Send Signature Emails button or the back button to edit the email addresses.

#### Complete your SSSF Account

Athlete Profile

2 Agreements & Account Information

**Athlete Consent**

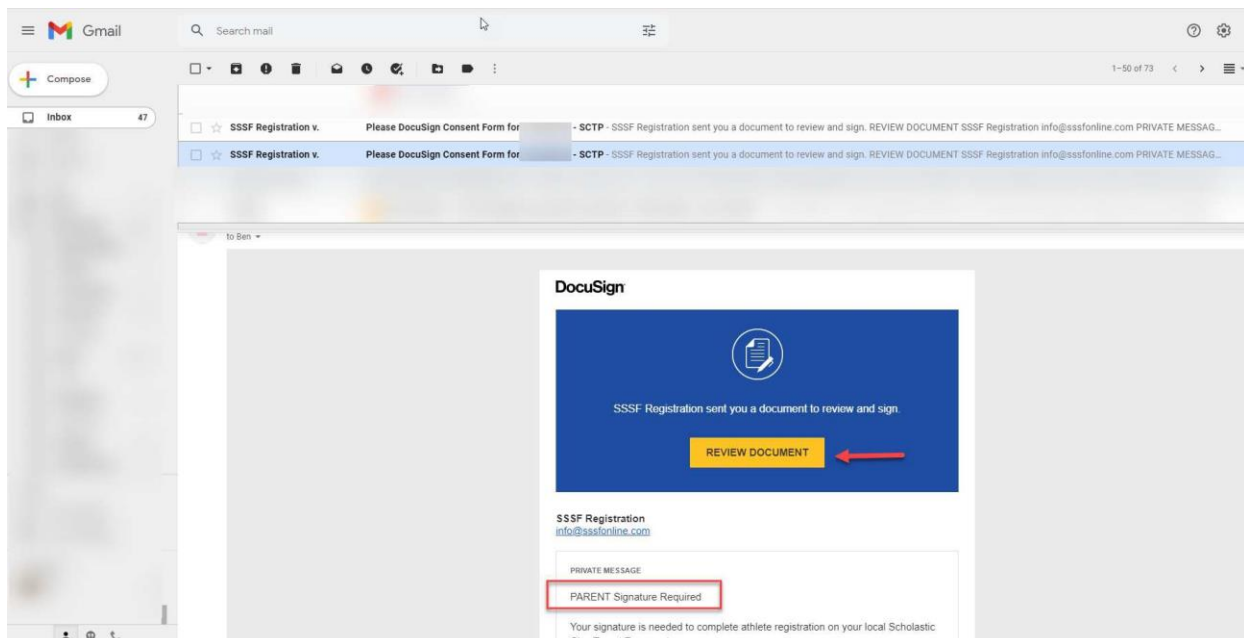
Parent Signature Required

Since the athlete is **under** 18 years of age we will need both the parent and the shooter to sign the consent form. Please confirm the emails below as a signature request will be sent to the emails displayed below. If the emails are not accurate then please go back to the previous screen and update the information.

Parent Email: sssftestacct@gmail.com  
Athlete Email: sssftestacct@gmail.com

BACKSEND SIGNATURE EMAILS

11. The parent/athlete should again go to their email. **IMPORTANT: For minor athletes there will be TWO emails that look identical; however they are unique. In the message body, one will specify the parent and the other will specify the athlete. BOTH emails must be used to access the document and add both signatures.** Click review document to start the signing process.



## 12. Click the box to agree to use electronic records and signatures.

Please read the [Electronic Record and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

CONTINUEOTHER ACTIONS ▾

Clays Association (NSCA) and USA Shooting (USAS) which may also include their affiliated state associations (collectively, Governing Bodies).

**STP Season: September 1<sup>st</sup> – August 31<sup>st</sup>**

Team registration closes for the season 10 days prior to each discipline's STP State Championship OR June 1<sup>st</sup> – whichever comes first. **\*Coaches: Please read the bottom of this form!**

**Instructions:** Before you can participate in the STP, this Consent & Waiver must be completed, signed by you and your parent/legal guardian if you are under the age of 18, along with \$25 membership fee. **New Consent & Waiver forms must be completed at the beginning of each STP season. (Sept. 1)**

Read this form carefully, as it is a legal document that can affect your rights. There will be no refunds of paid memberships.

Team Id: 3056	Team Name: Anytown Claybusters
Athlete Name: Jane Athlete	

**Parents & Athletes: Please Read Carefully**

In exchange for and as a condition of being allowed to participate in the STP, Athletes and Athlete's parent/legal guardian (if Athlete is a minor child) agree as follows:

- Athlete acknowledges that the STP is a team-based program that provides TEAM competitions in trap, skeet, sportingclays, Olympic Bunker Trap, and International Skeet which involve the use of firearms. Athlete further acknowledges that the STP emphasizes and REQUIRES the SAFE HANDLING and USE of firearms at ALL VENUES or LOCATIONS where firearms are present. Failure to adhere to this requirement may be grounds for removal from the STP.
- Athlete requests to participate knowing and understanding that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with Athlete's own participation, including without limitation the risk of serious bodily injury, death and property damage. Athlete further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in the STP, including without limitation other competitors, instructors / coaches, staff or volunteers of SSSF, STP Sponsors, or the Governing Bodies, and audience members.

**NOTE:** Please be advised that it is not possible to list all of the activities and related risks that Athlete may encounter by participating in the STP. There may be risks that are not known to Athlete, or to other athletes of the STP, including staff or volunteers of SSSF, STP Sponsors or the Governing Bodies and may not be foreseen or reasonably foreseeable by anyone at this time or at the time of the activities in which Athlete participates. Athlete agrees to assume all risks of serious bodily injury, death and property damage, and all other risks of participation in the STP, whether or not described to Athlete. Athlete understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks of serious bodily injury, death and property damage that may occur due to, arising out of or in connection with Athlete's own participation or the participation of others in the STP.

- Athlete further covenants not to sue and agrees to release, waive, and discharge the SSSF, STP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers (collectively, "Released Parties"), from any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) that Athlete may suffer, directly or indirectly, due to, arising out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the STP or the conduct (negligent or otherwise) of other athletes in the STP, including without limitation, the conduct (negligent or otherwise) of the Released Parties.
- To the fullest extent allowed by law, Athlete agrees to defend, indemnify and hold the SSSF, STP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, harmless from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) by third parties (including Athlete's own family) for any bodily injury, death or property damage or other incident occurring due to, arising out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the STP.
- Medical Attention: Athlete gives his/her consent to SSSF, Sponsors, the Governing Bodies and the host organization of any STP event to provide, through a medical staff of its choice, medical attention to Athlete in the event of an injury or illness.

## 13. Click continue

Please read the [Electronic Record and Signature Disclosure](#).

☒ I agree to use electronic records and signatures.

CONTINUEOTHER ACTIONS ▾

Clays Association (NSCA) and USA Shooting (USAS) which may also include their affiliated state associations (collectively, Governing Bodies).

**STP Season: September 1<sup>st</sup> – August 31<sup>st</sup>**

Team registration closes for the season 10 days prior to each discipline's STP State Championship OR June 1<sup>st</sup> – whichever comes first. **\*Coaches: Please read the bottom of this form!**

**Instructions:** Before you can participate in the STP, this Consent & Waiver must be completed, signed by you and your parent/legal guardian if you are under the age of 18, along with \$25 membership fee. **New Consent & Waiver forms must be completed at the beginning of each STP season. (Sept. 1)**

Read this form carefully, as it is a legal document that can affect your rights. There will be no refunds of paid memberships.

Team Id: 3056	Team Name: Anytown Claybusters
Athlete Name: Jane Athlete	

**Parents & Athletes: Please Read Carefully**

In exchange for and as a condition of being allowed to participate in the STP, Athletes and Athlete's parent/legal guardian (if Athlete is a minor child) agree as follows:

- Athlete acknowledges that the STP is a team-based program that provides TEAM competitions in trap, skeet, sportingclays, Olympic Bunker Trap, and International Skeet which involve the use of firearms. Athlete further acknowledges that the STP emphasizes and REQUIRES the SAFE HANDLING and USE of firearms at ALL VENUES or LOCATIONS where firearms are present. Failure to adhere to this requirement may be grounds for removal from the STP.
- Athlete requests to participate knowing and understanding that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with Athlete's own participation, including without limitation the risk of serious bodily injury, death and property damage. Athlete further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in the STP, including without limitation other competitors, instructors / coaches, staff or volunteers of SSSF, STP Sponsors, or the Governing Bodies, and audience members.

**NOTE:** Please be advised that it is not possible to list all of the activities and related risks that Athlete may encounter by participating in the STP. There may be risks that are not known to Athlete, or to other athletes of the STP, including staff or volunteers of SSSF, STP Sponsors or the Governing Bodies and may not be foreseen or reasonably foreseeable by anyone at this time or at the time of the activities in which Athlete participates. Athlete understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks of serious bodily injury, death and property damage that may occur due to, arising out of or in connection with Athlete's own participation or the participation of others in the STP.

- Athlete further covenants not to sue and agrees to release, waive, and discharge the SSSF, STP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers (collectively, "Released Parties"), from any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) that Athlete may suffer, directly or indirectly, due to, arising out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the STP or the conduct (negligent or otherwise) of other athletes in the STP, including without limitation, the conduct (negligent or otherwise) of the Released Parties.
- To the fullest extent allowed by law, Athlete agrees to defend, indemnify and hold the SSSF, STP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, harmless from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) by third parties (including Athlete's own family) for any bodily injury, death or property damage or other incident occurring due to, arising out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the STP.
- Medical Attention: Athlete gives his/her consent to SSSF, Sponsors, the Governing Bodies and the host organization of any STP event to provide, through a medical staff of its choice, medical attention to Athlete in the event of an injury or illness.

## 14. Review entire document then click the appropriate signature box to sign.

Please review the documents below.

**START** **FINISH** **OTHER ACTIONS**

of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.

7. In the interest of safeguarding the safety, health and overall well-being of all personnel, participants, parents, and volunteers, all Athletes and parents are required to comply with the Communicable Disease Policy adopted by SSSF. A copy of the Communicable Disease Policy is set forth below.

8. Athlete's signature below indicates that Athlete has read and fully understands this entire Consent & Waiver, and that it shall be binding upon Athlete, his representatives, heirs, assigns and next of kin.

**Parents/Legal Guardians**


9. As the parent or legal guardian of the Athlete, a minor child, I affirm that I have the authority to act on behalf of the Athlete and, as such, do hereby give my consent for the Athlete to participate in the SSCP. I declare that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Athlete.

*\*Athletes 18 years of age or older are not required to fill in the blue shaded area below but DO NEED to sign the "Athlete's Signature" below.*

SCPT Athlete Consent and Waiver\_2020-2021-Docusign.docx 1 of 2

DocuSign Envelope ID: DE608B2B-FC11-4E61-8BA0-8692A5E3A104

**DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docusign.com**

Parent / Legal Guardian Name: James Dad		
Address: 123 Anywhere Ln		
City: Anywhere	State: Iowa	Zip: 55555
Phone: 5555555555	E-Mail Address: sssfstactt@gmail.com	
Parent / Legal Guardian Signature: 	Date: 8/18/2021	
Athlete's Signature:	Date:	

**\*NOTE TO COACHES:** A completed copy of this Consent & Waiver Form for each team member must be in your possession prior to registering any athlete. You must retain a copy of the consent form, email the original copy with the original signature to SSCP Headquarters. \$25 per athlete and update athlete's profile on-line yearly. No athlete will be considered a SSCP Member until their consent form is completed. Coaches must comply with information requests from headquarters. Failure to produce the required information will result in removal from the program. Membership fees are non-refundable for any reason.

**It is YOUR responsibility to verify that the classification information is correct.** If you determine there is an error in the information you have submitted, contact SSCP Headquarters immediately! No corrections to an athlete's classification will be considered once the SSCP State Championship Squad Entry Form has been submitted (per discipline). If it is determined that the classification information is incorrect for a squared athlete, the entire squad involved with the individual in question will be disqualified from participating in that discipline for the balance of the SSCP season.

**Communicable Disease Policy for Athletes and Volunteers**

The world health community, including various government agencies, monitors closely the emergence, spread, and management of pandemic and other communicable diseases. The public health emergency that has resulted from the spread of the coronavirus (COVID-19) has educated organizations, including SSSF, about the essential steps to be taken to protect employees and those they serve. To maintain a safe environment by adopting practices that are designed to protect the health of athletes, volunteers and others who attend our events, SSSF has adopted this Communicable Disease Policy for Athletes and Volunteers.

We also want to ensure the continuity of business operations to the extent possible during a pandemic disease. The policies described below are intended to achieve these objectives. As always, our efforts will be guided by and in accordance with all applicable federal, state and local laws and the guidances issued by public health agencies and governmental entities. We will continue to monitor information and advice on this important issue and modify or supplement these policies as necessary. If you have questions or concerns, please contact your head coach, state advisor or national staff member.

Preventing the Spread of Disease At Events

We ask all athletes and volunteers to cooperate in taking steps to reduce the transmission of disease when they are attending and participating in SSSF-sponsored meetings and events. The following steps are strongly encouraged:

- Stay home if you are ill or experiencing any symptoms.
- Follow respiratory etiquette, by covering your mouth if you sneeze or cough, and discarding tissues used when sneezing.

## 15. Adopt and sign.

Select the sign field to create and add your signature.

**FINISH** **OTHER ACTIONS**

**Adopt Your Signature**

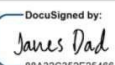
Confirm your name, initials, and signature.

\* Required

Full Name\* James Dad Initials\* JD

**SELECT STYLE** **DRAW** **UPLOAD**

**PREVIEW** [Change Style](#)

DocuSigned by:  DS  
88A32C352E25466...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN** **CANCEL**

consent form is completed. Coaches must comply with information requests from headquarters. Failure to produce the required information will result in removal from the program. Membership fees are non-refundable for any reason.

It is YOUR responsibility to verify that the classification information is correct. If you determine there is an error in the information you have submitted, contact SSCP Headquarters immediately! No corrections to an athlete's classification will be considered once the SSCP State Championship Squad Entry Form has been submitted (per discipline). If it is determined that the classification information is incorrect for a squared athlete, the entire squad involved with the individual in question will be disqualified from participating in that discipline for the balance of the SSCP season.

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We also want to ensure the continuity of business operations to the extent possible during a pandemic disease. The policies described below are intended to achieve these objectives. As always, our efforts will be guided by and in accordance with all applicable federal, state and local laws and the guidances issued by public health agencies and governmental entities. We will continue to monitor information and advice on this important issue and modify or supplement these policies as necessary. If you have questions or concerns, please contact your head coach, state advisor or national staff member.

Preventing the Spread of Disease At Events

We ask all athletes and volunteers to cooperate in taking steps to reduce the transmission of disease when they are attending and participating in SSSF-sponsored meetings and events. The following steps are strongly encouraged:



## 16. Click Finish

Done! Select Finish to send the completed document.

**FINISH** **OTHER ACTIONS ▾**

of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.

In the interest of safeguarding the safety, health and overall well-being of all personnel, participants, parents, and volunteers, all Athletes and parents are required to comply with the Communicable Disease Policy adopted by SSSP. A copy of the Communicable Disease Policy is set forth below.

Athlete's signature below indicates that Athlete has read and fully understands this entire Consent & Waiver, and that it shall be binding upon Athlete, his representatives, heirs, assigns and next of kin.

**Parents/Legal Guardians**


As the parent or legal guardian of the Athlete, a minor child, I affirm that I have the authority to act on behalf of the Athlete and, as such, do hereby give my consent for the Athlete to participate in the SSCP. I declare that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Athlete.

*\*Athletes 18 years of age or older are not required to fill in the blue shaded area below but DO NEED to sign the "Athlete's Signature" below.*

SCPT Athlete Consent and Waiver\_2020-2021-Docusign.docx 1 of 2

Docusign Envelope ID: DE808828-FC11-4E61-88AD-8692A5E3A104

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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docusign.com

Parent / Legal Guardian Name: James Dad		
Address: 123 Anywhere Ln		
City: Anywhere	State: Iowa	Zip: 55555
Phone: 5555555555	Required - Signature Applied	Address: sssftestacct@gmail.com
Parent / Legal Guardian Signature: 		Date: 8/18/2021
Athlete's Signature:		Date:

**\*NOTE TO COACHES:** A completed copy of this Consent & Waiver Form for each team member must be in your possession prior to registering any athlete. **You must retain a copy of the consent form and the original copy with the original signatures in SSCP Headquarters.** \$25 per athlete and update athlete's profile on-line yearly. No athlete will be considered a SSCP Member until their consent form is completed. **Coaches must comply with information requests from Headquarters.** Failure to produce the required information will result in removal from the program. **Membership fees are non-refundable for any reason.**

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**Preventing the Spread of Disease At Events**

We ask all athletes and volunteers to cooperate in taking steps to reduce the transmission of disease when they are attending and participating in SSSP-sponsored meetings and events. The following steps are strongly encouraged:

- Stay home if you are ill or experiencing any symptoms.
- Follow respiratory etiquette, by covering your mouth if you sneeze or cough, and discarding tissues used when sneezing.

## 17. Click Continue then close the window in your browser.

Done! Select Finish to send the completed document.

**FINISH** **OTHER ACTIONS ▾**

**You're Done Signing**

A copy of this document will be sent to your email address when completed by all signers. You can also download or print using the icons above.

**CONTINUE**

national staff member.

**Preventing the Spread of Disease At Events**

We ask all athletes and volunteers to cooperate in taking steps to reduce the transmission of disease when they are attending and participating in SSSP-sponsored meetings and events. The following steps are strongly encouraged:

- Stay home if you are ill or experiencing any symptoms.
- Follow respiratory etiquette, by covering your mouth if you sneeze or cough, and discarding tissues used when sneezing.
- Practice social distancing.
- Wear cloth face coverings.
- Engage in frequent hand washing with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizers that are provided to you at events.
- Regularly clean and disinfect surfaces and equipment at meetings and events.
- Report any health or safety concerns to your head coach and event director (if at an event).

**Reporting Procedure**

Those athletes and volunteers who demonstrate signs or symptoms of a communicable disease that poses a credible threat of transmission at events are asked to report that potential infection or disease immediately to your head coach and event director (if at an event).

**Staying Home When Ill**

During flu season and/or a pandemic disease, it is critical that athletes and volunteers do not attend or participate in events while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Contact your personal physician or check the Centers for Disease Control and Prevention's website at <https://www.cdc.gov/> for recommendations about returning to normal activities following any sort of influenza-like illness.

If SSSP determines that an athlete's or volunteer's continued presence at events poses a risk to the health or safety of the volunteers, athletes and/or others in attendance, the individual must submit a statement from his or her attending health care provider that his or her continued presence poses no such risk.

734490.000005 4842-4057-9528.1

SCPT Athlete Consent and Waiver\_2020-2021-Docusign.docx 2 of 2

**FINISH**



18. The athlete profile will display the yellow box at the top of the screen until the consent document has been fully signed. Again, if at any time the signature requests need to be resent, a team admin can click the link in the yellow box to resend a link to the parents/athletes.

← Jane Athlete - #77116 SAVE

A request for signature was sent to sssftestacct@gmail.com on 08/18/2021 but we have not received a signed copy back yet. You can send a new request by [clicking here](#)

**Athletes - Anytown Claybusters (SCTP)**

ACTIVE RETIRED

ID	Name	SCTP Payment	SCTP Form
77116	Jane Athlete	Not received	Not received

**SCTP Form:** Not Received  
Created: 08/18/2021  
**SCTP Payment:** Not Received  
Updated: 08/18/2021

**CONTACT INFORMATION**

First name: Jane Last name: Athlete  
Email: sssftestacct@gmail.com

19. Once the consent document has been fully signed, team admins will see the yellow box has gone away and the form date is updated in both the athlete list and the athlete details.

← Jane Athlete - #77116 SAVE

**SCTP Form:** 08/18/2021  
Created: 08/18/2021  
**SCTP Payment:** Not Received  
Updated: 08/18/2021

**Athletes - Anytown Claybusters (SCTP)**

ACTIVE RETIRED

ID	Name	SCTP Payment	SCTP Form
77116	Jane Athlete	Not received	08/18/2021
77117	Joe Athlete	Not received	Not received

**CONTACT INFORMATION**

First name: Jane Last name: Athlete  
Email: sssftestacct@gmail.com  
Street Address: 123 Anywhere Ln  
City: Anywhere Select State: Iowa Zip:

20. Team administrators will be responsible for completing and/or updating the rest of the athlete profile pertaining to classification, divisions and NGB numbers

← Jane Athlete - #77116 SAVE

**SCTP Form:** 08/18/2021  
Created: 08/18/2021  
**SCTP Payment:** Not Received  
Updated: 08/18/2021

City: Anywhere Select State: Iowa Zip:

**Phone**

Gender: Female Ethnicity: White T-Shirt Size: M

Birthdate: 2/4/2008

School: North Polk Central Elem... Expected Graduation Year: 2025

**EMERGENCY CONTACT**

Parents Name: James Dad Contact Name: Father

Primary Phone: Backup Phone:

Email: sssftestacct@gmail.com

Notes:

**CLASSIFICATIONS**

HS: SCTP-A

SCTP-I: SASP

CONF:

**IDENTIFICATION**

SSSP ID: 77116 State: ATA Number: NSSA Number:

NCSA Number: USAS Number:

If you have any questions please contact [support@sssfonline.com](mailto:support@sssfonline.com) or your national program staff member for further assistance.