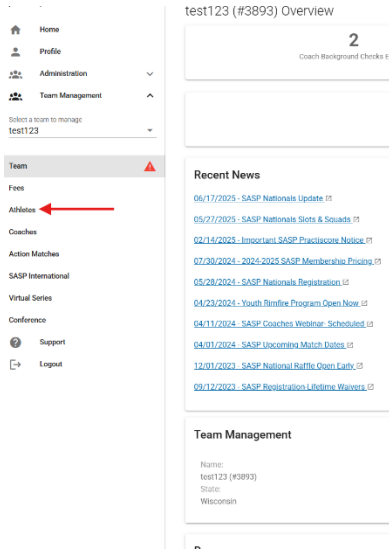


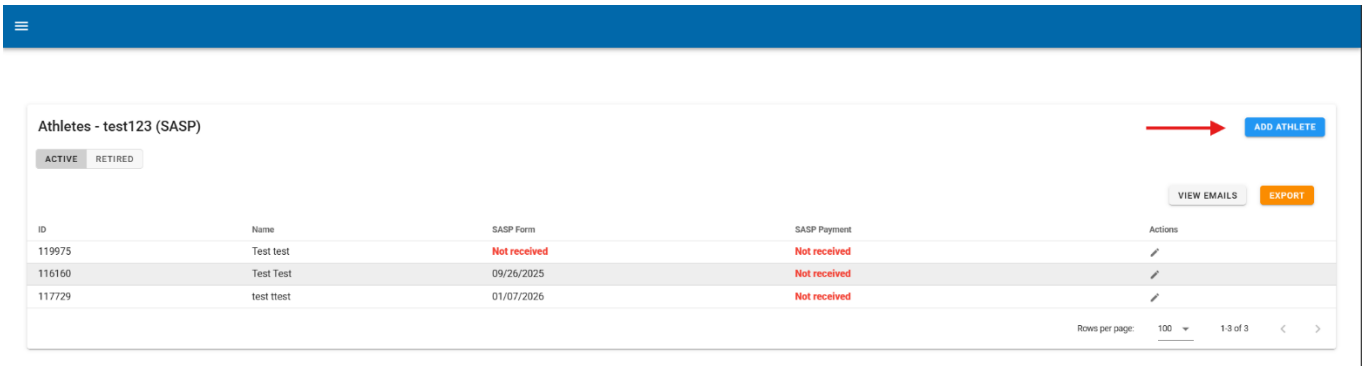
Athlete Registration Guide

Coach Steps

Step 1: Coaches login to the SHOT system (<https://app.sssfonline.com/login>) and Choose athletes on the left hamburger menu



Step 2: Click Add Athlete in the top right-hand corner



Step 3: enter the name of the new athlete and click continue

Select a team to manage					
test123	119975	Test test	Not received	Not received	/
	116160	Test Test	09/26/2025	Not received	/
	117729	test ttest	01/07/2026	Not received	/

Add new Athlete - test123

Athlete First Name
John

Athlete Last Name
Doe

[CONTINUE](#)

Conference

- Support
- Logout

Step 4: coaches use the “clicking here” button in the red box send a request of information to the parents or athlete if they are over 18

← John Doe - #120181 SAVE ⋮

No consent form on file. Please have the athletes parents sign the form. You can email the form by [clicking here](#)

SASP Form:
Not Received
Created: 02/28/2026

SASP Payment:
Not Received
Updated: 02/28/2026

CONTACT INFORMATION

First name: John Last name: Doe

Email: _____

Street Address: _____

Enroll State

Step 5: Fill in the required information and verify the email address is correct. Then click “Send Signature Request” (Note: if the athlete is over 18 choose yes in the top box and enter in their information)

SASP Form

Athlete & Parental Consent

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 ←

Parent first name ←

Parent last name ←

Parent email ←

CLOSE **SEND SIGNATURE REQUEST**

Step 6: There will be a confirmation at the bottom of the screen in green, **the red box will not change color once the email is sent.**

Athletes - test123 (SASP)

ACTIVE RETIRED

ID	Name	SASP Form	SASP Payment
120181	John Doe	Not received	Not received
119975	Test test	Not received	Not received
116160	Test Test	09/26/2025	Not received
117729	test ttest	01/07/2026	Not received

CONTACT INFORMATION

SASP Form: **Not Received** SASP Payment: **Not Received**
Created: 02/28/2026 Updated: 02/28/2026

First name: John Last name: Doe

Email: _____

Street Address: _____

City: _____ Select State: Wisconsin Zip: _____

Phone: _____

Gender: _____ Ethnicity: _____ T-Shirt Size: _____

Birthday: _____ day: _____ year: _____

School: _____ Expected Graduation Year: _____

EMERGENCY CONTACT

Parents Name: Jane Doe Contact Name: _____

Primary Phone: _____ Backup Phone: _____

Email: john@mysasp.com

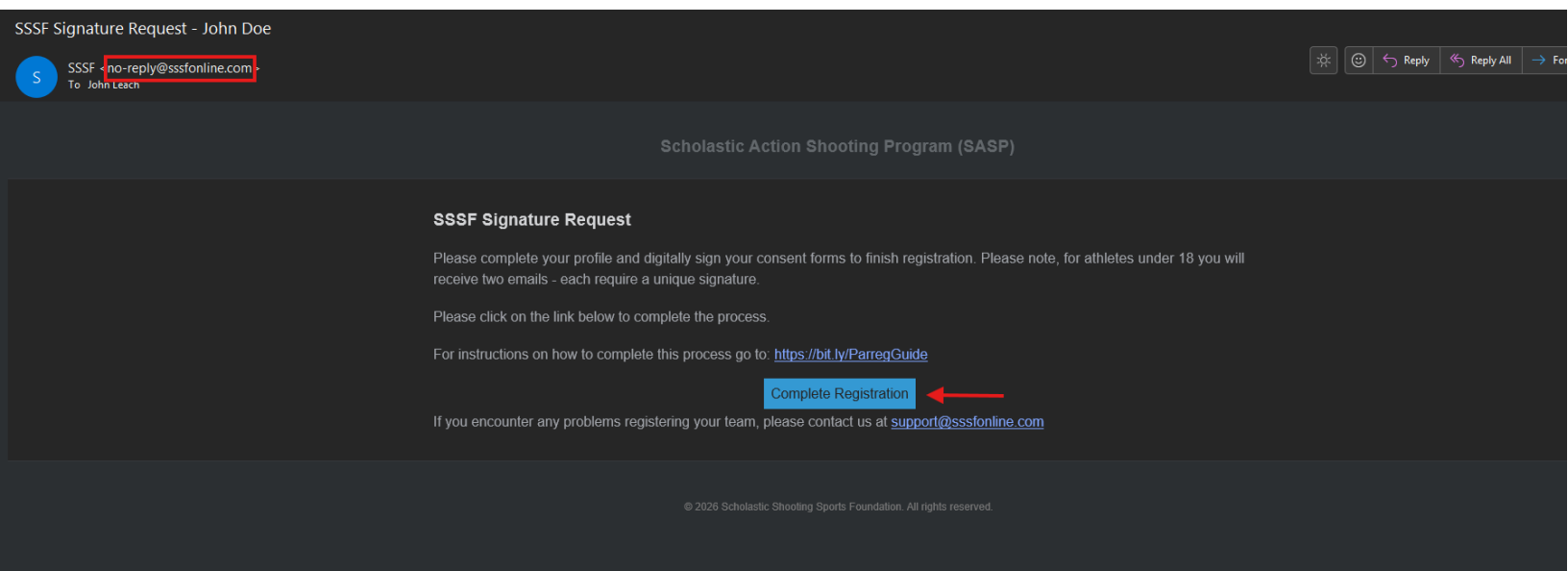
Notes: _____

Signature request has been sent! [close](#)

Coaches, Do NOT continue to click the consent form button doing so will cause more problems down the line. If the parent does not receive the first email have them look in junk mail for an email from no-reply@sssfonline.com. In the event the email is not sent double check the email address entered.

Parent Steps

Step 1: You will receive an email from no-reply@sssfonline.com to setup the athlete profile. Click “Complete Registration”



Step 2: Fill in all required information and hit continue

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

Athlete Information

First Name
John

Last Name
Doe

Gender
Please select your gender

Ethnicity
Please select your ethnicity

Birthdate
Required

day
Required

year
Required

Shirt Size
Required

School

Expected Graduation Year

Contact Details

Email
Please enter a value

Primary Phone
Required

Emergency Contact Details

Parents Name
Jane Doe

Contact
Required

Emergency Contact Email
john@mysasp.com

Primary Phone
Required

Secondary Phone
Required

Address

Address
Required

City
Required

Select State
Wisconsin

Zip
Required

CONTINUE

Step 3: Confirm the email addresses for you and the athlete are correct and click “Send Signature Emails” button (**Note: if you have the same email address entered for the athlete and Parent you will receive two emails in the next steps, both need to be completed to finish the process. Please refrain from using school emails as they tend to reject emails from SSSF)**

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: john@mysasp.com
Athlete Email: john@mysasp.com

BACK → SEND SIGNATURE EMAILS

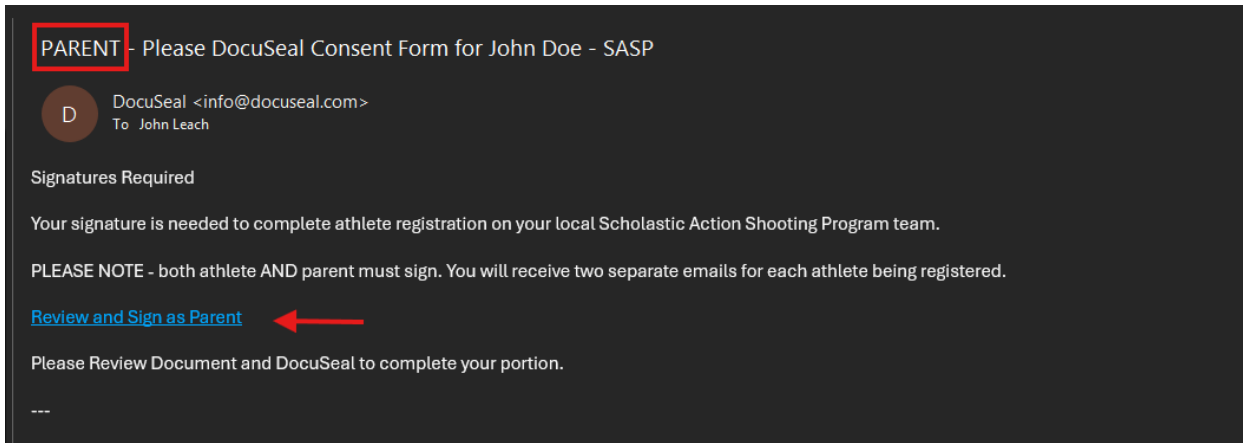
✓ Athlete Profile ————— 2 Agreements & Account Information

Athlete Consent

Emails have been sent. Please follow the instructions sent to the email address you provided.

***Athletes over 18: skip to step 7**

Step 4: Parents will receive an email from info@docuseal.com to fill out the parent signature. Click “Review and sign as a parent” to be taken to docuseal



Step 5: Scroll down to the bottom section and click the red signature line

- 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 SASP. A copy of the Communicable Disease Policy is set forth below.
- FOR THE AVOIDANCE OF DOUBT, ATHLETE AGREES AND UNDERSTANDS THAT THIS CONSENT & WAIVER APPLIES TO, AND SHALL REMAIN IN FULL FORCE AND EFFECT FOR, EACH AND EVERY YEAR IN WHICH ATHLETE PARTICIPATES IN THE SASP IN ANY CAPACITY WHATSOEVER UNLESS EXPRESSLY AGREED TO IN WRITING BY SSSF AND ATHLETE.**
- ATHLETE'S SIGNATURE BELOW INDICATES THAT ATHLETE HAS READ AND FULLY UNDERSTANDS THIS ENTIRE CONSENT & WAIVER, THAT ATHLETE IS VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASED PARTIES, AND THAT IT SHALL BE BINDING UPON ATHLETE, AND ATHLETE'S REPRESENTATIVES, HEIRS, ASSIGNS AND NEXT OF KIN.

Parents/Legal Guardians

10. 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 SASP. 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.*

Parent / Legal Guardian Name: Jane Doe		
Address: 1122		
City: new	State: Wisconsin	Zip: 53214
Phone: 2628944289	Signature	E-Mail Address: john@mysasp.com
Parent / Legal Guardian Signature:		Date: 02/28/2026
Athlete's Signature:		Date:
Athlete's Date of Birth 05/03/2016		

***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 update athlete's profile on-line yearly. No athlete will be considered a SASP 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. It is YOUR responsibility to verify that the divisional information is correct.** If you determine there is an error in the information you have submitted, contact SASP Headquarters immediately!

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 (COVID19) 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](#)

Step 6: sign and submit. After completion you will get the prompt below. (Note: upon completion of the form by both parent and athlete you will receive an email copy of the form for your records)

Address: 1122		
City: new	State: Wisconsin	Zip: 53214
Phone: 2628944289	Signature	E-Mail Address: john@mysasp.com
Parent / Legal Guardian Signature:		Date: 02/28/2026
Athlete's Signature:		Date:
Athlete's Date of Birth 05/03/2016		

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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 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.
- Practice social distancing by maintaining a distance of at least six feet from other people, to the extent practicable.
- Wear cloth face coverings whenever social distancing cannot be maintained.
- 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).

Report

Those : potential infect

SSSF Form: #5/

Document has been signed!

SEND COPY VIA EMAIL

DOWNLOAD

8/22

Step 7: After the parent has signed, the athlete will get an email from info@docuseal.com. Click "Review and Sign as Athlete" if the athlete does not receive the email do not ask the coach to send it again this restarts the process, instead reach out to April or Kris (emails below)

ATHLETE - Please DocuSeal Consent Form for John Doe - SASP

DocuSeal <info@docuseal.com>
To John Leach

Signatures Required

Your signature is needed to complete athlete registration on your local Scholastic Action Shooting Program team.

PLEASE NOTE - both athlete AND parent must sign. You will receive two separate emails for each athlete being registered.

[Review and Sign as Athlete](#)

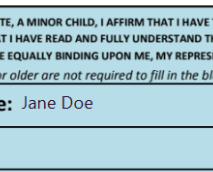

Please Review Document and DocuSeal to complete your portion.

Step 8: Find and select the red athlete signature line. (Note: if you used the same email address for both parent and athlete this will auto fill in the previous signature, clear the signature and have the athlete sign the form)

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 SASP. A copy of the Communicable Disease Policy is set forth below.
8. **FOR THE AVOIDANCE OF DOUBT, ATHLETE AGREES AND UNDERSTANDS THAT THIS CONSENT & WAIVER APPLIES TO, AND SHALL REMAIN IN FULL FORCE AND EFFECT FOR, EACH AND EVERY YEAR IN WHICH ATHLETE PARTICIPATES IN THE SASP IN ANY CAPACITY WHATSOEVER UNLESS EXPRESSLY AGREED TO IN WRITING BY SSSF AND ATHLETE.**
9. **ATHLETE'S SIGNATURE BELOW INDICATES THAT ATHLETE HAS READ AND FULLY UNDERSTANDS THIS ENTIRE CONSENT & WAIVER, THAT ATHLETE IS VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASED PARTIES, AND THAT IT SHALL BE BINDING UPON ATHLETE, AND ATHLETE'S REPRESENTATIVES, HEIRS, ASSIGNS AND NEXT OF KIN.**

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City: new	State: Wisconsin	Zip: 53214
Phone: 2628944289	E-Mail Address: john@mysasp.com	
Parent / Legal Guardian Signature: 	Date: 02/28/2026	
Athlete's Signature: 	Date: 02/28/2026	
Athlete's Date of Birth: 05/03/2016		


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Step 9: submit the form


- Follow respiratory etiquette, by covering your mouth if you sneeze or cough, and discarding tissues used when sneezing.
- Practice social distancing by maintaining a distance of at least six feet from other people, to the extent practicable.
- Wear cloth face coverings whenever social distancing cannot be maintained.
- 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).

Report
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potential infect

SSF Form: #S/

 **Document has been signed!**

 SEND COPY VIA EMAIL

 DOWNLOAD

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8/22

After these steps have been completed the coach can log into SHOT and verify the form is marked received.

Athletes - test123 (SASP)

ACTIVE RETIRED

ID	Name	SASP Form	SASP Payment
120181	John Doe	02/28/2026	Not received

If you have any questions or issues, please contact SSSF National Program Staff

SCTP April Carr: april@mysctp.com

SASP Kris Leach: kris@mysasp.com