

State Abbreviation:

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



## Scholastic Pistol Program 2013-14 College Team Registration Form



College / University Name:	
Division: <input type="checkbox"/> Div. 1 <input type="checkbox"/> Div. 2 <input type="checkbox"/> 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:** (Select only one (1) discipline.)

Rimfire Pistol      ~OR~       Centerfire Pistol

⇒ **Important – Please Read and Heed** ⇐

### Coaches Please Note:

No Coach or Athlete will be considered an SPP Member until their completed registration form is entered on-line ([www.sssfonline.com](http://www.sssfonline.com)) and a copy on file at SPP Headquarters.

### 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.

State Abbreviation:

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

**Team Registration Fees:**

Athletes: \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_ .  
 Late Fee: (If after Feb. 1<sup>st</sup>) \$25.00 = \$ \_\_\_\_\_ .

---

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

**Scholastic Trust Endowment:**

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

Qualifying School or SST Account 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](http://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 (1) Thirty (30) days prior to each discipline's SPP State Championship, (2) any Collegiate Shoot receiving SPP Endowment Monies, or (3) February 1, whichever comes first.**

**Mail To:** SSSF / SPP Headquarters  
135 Chesterfield Lane, Suite 102  
Maumee, OH 43537