

State Abbreviation:

Head Coach Last Name: Hinckley



**Scholastic Clay Target Program
Medical Consent Form**



Team Name:		
Athlete Name:		
Address: (no PO Boxes)		
City:	State:	Zip:

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the Scholastic Clay Target Program, Athlete (and Athlete's parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the Scholastic Shooting Sports Foundation, SCTP® Sponsors and Governing Bodies, including their respective volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete's parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the Scholastic Shooting Sports Foundation, SCTP® Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

Athlete Printed Name:	
Athlete Signature:	Date:
Parent / Legal Guardian Printed Name:	
Parent / Legal Guardian Signature:	Date:

Name:	Relationship To Athlete:	
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-mail Address:		

! This form is to be retained by the Head Coach. DO NOT send this to Headquarters

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Scholastic Clay Target Program Sportsmanship Contract



The Scholastic Clay Target Program (SCTP) places a strong emphasis on sportsmanship and safety. As part of this effort, parents/guardians are asked to read and discuss the elements of this Sportsmanship Contract with their child athlete. This is a contract between the Scholastic Shooting Sports Foundation and the parent/guardian and his/her child. The signatures on this form signify agreement to comply with the provisions of this contract.

IMPORTANT! A parent or guardian and his/her child (athlete) must sign and return THIS FORM along with a signed PARENTAL CONSENT FORM to the team's Head Coach.

Parents:

I understand the Scholastic Clay Target Program's first and foremost priority is safety. I will enforce the SCTP's safety standards with my child at all times. I will encourage my child and other team members to have fun. I will behave as a positive role model, respect the goals of the SCTP, and reinforce the character values of good sportsmanship, teamwork, and self-discipline. I agree to stay off the shooting field. Any problems or criticisms will be presented in a positive way to the coaches or a designated assistant. I will refrain from criticizing other shooters, coaches, using abusive language, or consuming alcohol or drugs before or during all SCTP activities that I attend. I understand that unsportsmanlike behavior on my part may result in me being asked to leave the area. Such actions on my part could also result in my child being disqualified or even removed from the SCTP.

By signing this form, I affirm that I have read and understand the behavioral standards for parents as stated above and the behavioral standards for my child as stated below, and that I agree to abide by the stipulations therein.

Parent or Legal Guardian's Signature:	Date:
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Athletes:

I understand shooting on a SCTP team is a privilege. I agree to act responsibly and follow all safety rules while participating in the SCTP. I will encourage and support my teammates, cooperate and show respect to my coaches, and represent the team in a positive manner both at practices and in competition. I will set specific attainable goals, attend practices with a positive attitude, practice good sportsmanship at all times, and conduct myself as a lady or gentleman at all times. I understand that unsportsmanlike behavior on my part may result in my disqualification and even expulsion from the SCTP. I will not lie, cheat, or steal nor tolerate those who do.

By signing this form, I affirm that I am academically eligible to participate in extra-curricular activities as set forth by my school, that I have read and understand the behavioral standards for athletes as stated above, and that I agree to abide by the stipulations therein.

Athlete's Signature:	Date:
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