

State Abbreviation:

Head Coach Last Name: _____



Scholastic Pistol Program 2015-16 Athlete Consent & Waiver



The **Scholastic Pistol Program (SPP®)** is sponsored by the Scholastic Shooting Sports Foundation (SSSF) and independent manufacturers and retailers in the shooting, hunting and outdoor trade industry (collectively, SPP Sponsors). Joining SSSF in the SPP is the National Shooting Sports Foundation (NSSF®), which may also include their affiliated state associations (collectively, Governing Bodies).

SPP Season: September 1st – August 31st

Coaches...Please read the bottom of this form!

Instructions: Before you can participate in the SPP, this Consent & Waiver must be completed, signed by you and your parent/legal guardian if you are under the age of 18, and returned to your Head Coach to submit to SPP Headquarters along with the \$20 membership fee. **New Consent & Waiver forms must be completed at the beginning of each SPP season.**

(Sept. 1) This original waiver form must be signed and returned to: SSSF/SPP, 288 Crisswell Road, Butler, PA 16002 and a copy should be retained by the head coach. PLEASE ensure all email addresses are current.

Please read this form carefully, as it is a legal document that can affect your rights. *(Refer to the back of this form.)*

Team Id:		Team Name:	
Name:			
Address:			
City:		State:	Zip:
Phone:		Scholastic Grade Level (Fall – 2015):	
Gender: Male Female	Birthdate: ___/___/____		Shirt Size: (S-3XL): S – M – L – XL – 2X – 3X – 4X
Most Commonly Used E-mail Address:			

Coaches: Athletes in the highest division in any SPP discipline will be classified automatically in that same division in all disciplines for which they are registered. *(ref. SPP Handbook)*

Division:

Disciplines: (Select only one (1) discipline)

IE – Intermediate/Entry Level (Grades 6-8) - 1st year of participation in intermediate division	Pistol - Centerfire
IA – Intermediate/Advanced (Grades 6-8) After 1 year of participation in the intermediate division	Pistol - Rimfire
JV – Senior/Junior Varsity (Grades 9-12) 1st year of participation in the senior division	
V – Senior/Varsity (Grades 9-12) After 1 year of participation in the senior division	
C – Collegiate	

Athlete Start Year: Fill in the year started in each SPP discipline.	<u>Pistol - Centerfire</u>	<u>Pistol- Rimfire</u>
	20 ____	20 ____

State Abbreviation:

Head Coach Last Name: _____

Parents & Athletes: Please Read Carefully

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

1. Athlete acknowledges that the SPP is a team-based program that provides TEAM competitions in speed shooting which involve the use of firearms. Athlete further acknowledges that the SPP 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 SPP
2. 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 SPP, including without limitation other competitors; instructors / coaches; staff or volunteers of SSSF, SPP 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 SPP. There may be risks that are not known to Athlete, or to other athletes of the SPP, including staff or volunteers of SSSF, SPP 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 SPP, 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 SPP.

3. Athlete further covenants not to sue and agrees to release, waive, and discharge the SSSF, SPP 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 SPP or the conduct (negligent or otherwise) of other athletes in the SPP, including without limitation, the conduct (negligent or otherwise) of the Released Parties.
4. To the fullest extent allowed by law, Athlete agrees to defend, indemnify and hold the SSSF, SPP 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 SPP.
5. Medical Attention: Athlete gives his/her consent to SSSF, Sponsors, the Governing Bodies and the host organization of any SPP event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in SPP events.
6. Athlete grants to the SSSF, SPP Sponsors and the Governing Bodies permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Athlete's name, photograph, likeness and statements in connection with the promotion of the SPP, in all media, including, without limitation, the Internet, news articles, advertisements or other electronic or print materials. Athlete further covenants not to sue and agrees to waive, release and discharge the SSSF, SPP Sponsors and the Governing Bodies, and all of their respective directors, officers, agents, employees and volunteers, from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) arising out of or in connection with the use of Athlete's name, photograph, likeness and statements, including, without limitation, any and all claims for invasion of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.
7. 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

8. 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 SPP. 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:		
Address:		
City:	State:	Zip:
Phone:	E-Mail Address:	
Parent / Legal Guardian Signature:		Date:
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, mail the copy with the original signature to SPP Headquarters**, and update athlete's profile on-line yearly. No athlete will be considered a SPP Member until their completed consent form is entered on-line and on file at SPP National Headquarters. **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 SPP Headquarters immediately!

ALWAYS fill in your Team State abbreviation & your last name at the top of every form being submitted.

State Abbreviation:

Head Coach Last Name: _____



Scholastic Pistol Program 2015-16 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 Pistol Program, Athlete (and Athlete’s parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the Scholastic Shooting Sports Foundation, SPP® 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, SPP® 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.

I certify that I am not prohibited by Federal, State or Local law from possessing a handgun or ammunition. I do hereby give my consent and permission for this participant to temporarily possess handguns and ammunition while competing in Scholastic Pistol Program events and/or when traveling to or from such events. In the event that I cannot personally be present during competition or practice or travel to and from these events, I hereby appoint _____ to act as guardian in my stead.

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!

State Abbreviation:

Head Coach Last Name: _____



Scholastic Pistol Program 2015-16 Sportsmanship Contract



The Scholastic Pistol Program (SPP) 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 Pistol Program's first and foremost priority is safety. I will enforce the SPP'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 SPP, 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 SPP 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 SPP.

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 SPP team is a privilege. I agree to act responsibly and follow all safety rules while participating in the SPP. 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 comport 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 SPP. 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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! This form is to be retained by the Head Coach. DO NOT send this to Headquarters!



TN SASP Registration Form

Team Name:	Team ID Number:
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Shooter Information

Shooter ID Number: _____

First Name:	Last Name:	
Age:	DOB:	
Scholastic Grade Level:		
Address: (Home)		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Circle one for each: Rimfire or Centerfire		
Circle one Division (Grade): Intermediate 6-8, Senior 9-12		

Contact Information

First Name:	Last Name:	
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-Mail Address:		
Emergency Contact:	Relation:	
Contact Phone:		
Guardian Signature:		

Fee for TN SASP is **\$15.00** (Pistol)+**\$5.00** (Rifle) per athlete for one year (Checks payable to TWRP). * Must be a member of the National Scholastic Action Shooting Program. ALL FORMS MUST BE SENT TO llane@twrf.net TO BE A MEMBER OF THE TN SASP.

TN SASP Consent Waiver

Parents & Athletes: Please Read Carefully

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

1. Athlete acknowledges that the TN SASP is a team-based program that provides TEAM competitions in speed shooting which involve the use of firearms. Athlete further acknowledges that the TN SASP 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 TN SASP.

2. 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 TN SASP, National SASP, including without limitation other competitors; instructors / coaches; staff or volunteers of SSSF, SASP 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 SASP. There may be risks that are not known to Athlete, or to other athletes of the SASP, including staff or volunteers of SSSF, SASP 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 SASP, 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 SASP.

3. Athlete further covenants not to sue and agrees to release, waive, and discharge the TN SASP, SSSF, SASP 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 SASP or the conduct (negligent or otherwise) of other athletes in the SASP, including without limitation, the conduct (negligent or otherwise) of the Released Parties.

4. To the fullest extent allowed by law, Athlete agrees to defend, indemnify and hold the TNSASP, SSSF, SASP 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 TNSASP.

TN SASP Consent Waiver

5. Medical Attention: Athlete gives his/her consent to SSSF, Sponsors, the Governing Bodies and the host organization of any TNSASP, SASP event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in SPP events.

6. Athlete grants to the SSSF, SASP, TNSASP Sponsors and the Governing Bodies permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Athlete’s name, photograph, likeness and statements in connection with the promotion of the TNSASP, in all media, including, without limitation, the Internet, news articles, advertisements or other electronic or print materials. Athlete further covenants not to sue and agrees to waive, release and discharge the SSSF, SASP Sponsors and the Governing Bodies, and all of their respective directors, officers, agents, employees and volunteers, from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney’s fees and costs) arising out of or in connection with the use of Athlete’s name, photograph, likeness and statements, including, without limitation, any and all claims for invasion of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.

7. 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.

8. 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 TN 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.

Address:		
City:	State:	Zip:
Phone: E-Mail Address:		
Parent / Legal Guardian Signature:		Date:
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, mail the copy with the original signature to TWRF Headquarters. No athlete will be considered a TNSASP Member until the completed consent form is on file at TWRF Headquarters. 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 TNSASP State director Lacey Lane immediately! Email- llane@twrf.net Cell- 731-415-0641



Roster Picture Opt-Out Form

WBST has created a roster of our athletes on our website and would like to place a photograph next to each name. However, some persons may choose not to have photos of their children used and we respect their wishes. Therefore, we are providing this OPT OUT form for individuals who prefer NOT to have photographs of them placed on the roster list.

IF YOU HAVE NO OBJECTION TO WBST USE OF YOUR PHOTOGRAPH, YOU DO NOT NEED TO SIGN OR RETURN THIS FORM.

I do not wish to have my child's photograph be used in the roster to be displayed on the WBST website.

Signature _____ DATE _____

Please list any other persons in your family who are to be included in this opt-out request:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

In the case of minors aged 18 and under, this form must be signed by a parent or guardian.

Return the form to Pam Hartman where it will be kept on file.

EMERGENCY MEDICAL RELEASE AND IDENTIFICATION FORM

Athlete's Name: _____ DOB: _____

Address: _____

Club/Program: _____

Emergency Information

Father/Guardian's Name: _____ Lives with child YES or NO

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Father/Guardian's E-mail Address: _____

Mother/Guardian's Name: _____ Lives with child YES or NO

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mother/Guardian's E-mail Address: _____

Please note any known allergies and reaction:

Allergies with reaction: _____

Medications: _____

Other Medical Limitations or Special Needs: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Physician to be called in an Emergency:

Name: _____ Phone: (____) _____

Insurance Company: _____ Group #: _____

Policy Holder: _____ Policy #: _____

Consent to Medical Treatment of Minor I hereby authorize any medical doctor, emergency medical technician, paramedic, nurse, healthcare provider, hospital, or other medical facility to treat my child for any illness, medical complication, allergic reaction, or injury received while my child participates with the William Blount Shooting Team. I consent to my son/daughter to participate in the Programs. Further, I release, discharge, and otherwise indemnify William Blount Shooting Team, its officers, coaches, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs and/or being transported to or from the Programs, which transportation I authorize. I give my consent to have a coach, adult volunteer or doctor of medicine to provide my son/daughter with medical assistance and/or treatment and I agree to be responsible financially for the reasonable cost of each assistance and/or treatment. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child. I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the William Blount Shooting Team, its coaches, officers, and volunteers, and event holders, event sponsors, event directors, event volunteers, doctors, emergency medical technicians, paramedics, nurses, healthcare providers, and hospitals or other medical facilities from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child. I have read this release, understand its legal implications, and agree to its terms.

Print Name: _____ Date: _____

Parent/Guardian Signature: _____

William Blount Shooting Team

Criteria to Letter in the Sport of Shooting

1. Varsity athlete who remains in good standing as member of the team throughout the full season will be eligible to earn a varsity letter, subject to the provisions below.
2. Athletes must have participated in given program (varsity or junior varsity) for at least two years.
3. Athlete is required to participate in 70% of practices.
4. Athlete must participate in regional tournaments.
5. Athlete must maintain a 2.5 GPA.

SPP Rules

1) PARTICIPANT ELIGIBILITY

a) STUDENT STATUS AND AGE:

All school-age boys and girls ages 12 - 20 that have the physical, mental, and emotional maturity to participate in a team sport are eligible to participate in the SPP. There is also a SPP College Division for college-aged participants. Participants must be bona fide students enrolled in an accredited school, home schooled program, college or university. The Athlete must be deemed academically eligible to participate in school-sponsored sports programs.

The SPP Junior and Senior Program eligibility ends once a student reaches his/her 20th birthday. If a student enrolls in SPP before turning 20 and then turns 20 during the target year, they will be allowed to finish out that target year. The SSSF National Program Staff has the option to grant a variance for age in view of special circumstances.

Some states have a minimum legal age requirement for handling and using pistols – check your state laws!

b) ACADEMIC ELIGIBILITY

Team members must make satisfactory academic progress and be deemed eligible by school officials of their home school for participation in the school's extra-curricular activities including school sports teams.

c) CONDUCT

ALL individuals REGISTERED with the SPP (Athletes, Head Coaches, and Assistant Coaches/Adult Volunteers) and those ASSOCIATED with the SPP (parents and family members, et al.) MUST comply with the conduct requirements stated in the Sportsmanship Contract.

IMPORTANT! PLEASE NOTE: Breaches of the SPIRIT as well as the LETTER of SPP Rules including stipulations in the Sportsmanship Contract WILL be grounds for SUSPENSION or EXPULSION from the program.

2) GROUPING ATHLETES

a) DIVISIONS

All participants in the SPP must be registered on a specific team. Students attending a school sponsoring a SPP Team are encouraged to shoot for their school. There are three (3) competitive Divisions. These Divisions are designed to allow participants to compete on a level playing field.

- (1) Junior Division (ages 12 -16)
 - (a) Centerfire (Varsity)
 - (b) Rimfire (Junior Varsity)
- (2) Senior Division (ages 17 -20)
 - (a) Centerfire (Varsity)
 - (b) Rimfire (Junior Varsity)
- (3) College Division (No age limit, see requirements)
 - (a) Centerfire (Varsity)
 - (b) Rimfire (Junior Varsity)

Athletes may only participate in Rimfire for a maximum of two (2) years, after that they must compete in the Centerfire (Varsity) Division.

Once an athlete competes in a Regional or National event as a Centerfire (Varsity) they cannot compete in Rimfire (Junior Varsity).

IMPORTANT! PLEASE NOTE: State programs may impose more stringent rules on team composition. Please contact your State Advisor for details pertaining to your state's SPP guidelines. Your State Advisor's contact information is listed on the SPP Website at www.sssfonline.com. If your state has created its own SPP State Website, the link will be listed under the State Advisor's contact information.