

# SASP ATHLETE INFORMATION

TEAM NAME: WILLIAM BLOUNT SHOOTING TEAM

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY, STATE, & ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

CURRENT GRADE LEVEL: \_\_\_\_\_

GENDER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

DATE OF HUNTER CERTIFICATION TRAINING (MM/YY): \_\_\_\_\_

HUNTER EDUCATION #: \_\_\_\_\_

# PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN(S) NAME: \_\_\_\_\_

PARENT/GUARDIAN(S) PHONE #: \_\_\_\_\_

PARENT/GUARDIAN(S) EMAIL: \_\_\_\_\_

State Abbreviation: 

T	N
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Head Coach Last Name: Carrington



## Scholastic Action Shooting Program 2019-2020 Athlete Consent & Waiver



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

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

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

**Instructions:** Before you can participate in the SASP, 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 SASP Headquarters along with the \$25 membership fee. **New Consent & Waiver forms must be completed at the beginning of each SASP season (Sept. 1). This original waiver form must be signed and returned to: SASP Headquarters, N65W7335 Cleveland Street, Cedarburg, WI 53012-1856 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.)*

<b>Team Id:</b> R4901		<b>Team Name:</b> William Blount Shooting Team	
<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Scholastic Grade Level (Fall 2019):</b> _____	
<b>Gender:</b> Male Female	<b>Birthdate:</b> __/__/____		<b>Shirt Size: (S-3XL):</b> S – M – L – XL – 2X – 3X – 4X
<b>Most Commonly Used E-mail Address:</b>			

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

**Division:**

- R- Rookie (Grades 5 and under) Rifle only**
- IE – Intermediate/Entry Level (Grades 6-8) - 1<sup>st</sup> year of participation in intermediate division)**
- IA – Intermediate/Advanced (Grades 6-8) After 1 year of participation in the intermediate division**
- JV – Senior/Junior Varsity (Grades 9-12) 1<sup>st</sup> year of participation in the senior division**
- V – Senior/Varsity (Grades 9-12) After 1 year of participation in the senior division**
- C – Collegiate**

**Disciplines:** (Select only one (1) discipline within Pistol)

<b>Pistol - Rimfire</b>	<b>Rifle - Rimfire</b>
<b>Pistol - Centerfire</b>	<b>Rifle - Centerfire</b>
<b>College-Open</b>	

<b>Athlete Start Year:</b> Fill in the year started in each SASP discipline.	<u>Pistol - Rimfire</u>	<u>Pistol- Centerfire</u>	<u>Pistol – College Open Class</u>	<u>Rifle – Iron Sight</u>	<u>Rifle – Optic Sight</u>
	20_____	20_____	20_____	20_____	20_____

State Abbreviation: 

T	N
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Head Coach Last Name: Carrington

**Parents & Athletes: Please Read Carefully**

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

1. Athlete acknowledges that the SASP is a team-based program that provides TEAM competitions in speed shooting which involve the use of firearms. Athlete further acknowledges that the 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 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 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 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 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 SASP.
5. Medical Attention: Athlete gives his/her consent to SSSF, Sponsors, the Governing Bodies and the host organization of any 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 SASP events.
6. Athlete grants to the SSSF, SASP 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 SASP, 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.

**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 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.*

<b>Parent / Legal Guardian Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail Address:</b>	
<b>Parent / Legal Guardian Signature:</b>		<b>Date:</b>
<b>Athlete's Signature:</b>		<b>Date:</b>

**\*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 SASP Headquarters**, and update athlete's profile on-line yearly. No athlete will be considered a SASP Member until their completed consent form is entered on-line and on file at SASP 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 SASP Headquarters immediately!

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

State Abbreviation: 

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Head Coach Last Name: Carrington



## Scholastic Action Shooting Program 2019-20 Sportsmanship Contract



The Scholastic Action Shooting Program (SASP) 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 Action Shooting Program's first and foremost priority is safety. I will enforce the SASP'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 SASP, 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 SASP 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 SASP.

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.

<b>Parent or Legal Guardian's Signature:</b>	<b>Date:</b>
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**Athletes:**

I understand shooting on a SASP team is a privilege. I agree to act responsibly and follow all safety rules while participating in the SASP. 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 SASP. 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.

<b>Athlete's Signature:</b>	<b>Date:</b>
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**! This form is to be retained by the Head Coach. DO NOT send this to Headquarters!**

State Abbreviation: 

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Head Coach Last Name: Carrington



Scholastic Action Shooting Program  
2019-20 Medical Consent Form



<b>Team Name:</b> William Blount Shooting Team		
<b>Athlete Name:</b>		
<b>Address:</b> (no PO Boxes)		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the Scholastic Action Shooting Program, Athlete (and Athlete’s parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the Scholastic Shooting Sports Foundation, SASP 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, SASP 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 Action Shooting 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.

<b>Athlete Printed Name:</b>	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>Parent / Legal Guardian Printed Name:</b>	
<b>Parent / Legal Guardian Signature:</b>	<b>Date:</b>

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

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



# SASP

## SCHOLASTIC ACTION SHOOTING PROGRAM

### 2019 - 20 Athlete Registration Form



<b>Team Name:</b> William Blount Shooting Team	<b>Team ID Number:</b> R4901
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**Shooter Information:**

<b>First Name:</b>	<b>Last Name:</b>	
<b>Shooter ID Number:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Scholastic Grade Level:</b>	
<b>Gender:</b> Male        Female	<b>Age:</b>	<b>Date of Birth:</b>
<b>Email Address:</b>		

**Division:** (Check only one (1) division)

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

**Disciplines:**

	<b>Pistol</b> - Centerfire
	<b>Pistol</b> - Rimfire
	<b>PCC</b> - Pistol Caliber Carbine

**Rifle Option:**

	<b>Rifle</b> - Open sight
	<b>Rifle</b> - Optic sight

**Contact Information:**

<b>First Name:</b>	<b>Last Name:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Work Phone:</b>	
<b>Email Address:</b>		
<b>Emergency Contact:</b>	<b>Relation:</b>	
<b>Contact Phone:</b>		
<b>Guardian Signature:</b>		

Fee for TN SASP is \$20.00 (Pistol/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:  
 TWRP / Lacey Lane - 5000 Linbar Drive, Suite 275 - Nashville, TN 37211  
 To be a member of TN SASP, contact Lacey Lane at: (731) 415-0641 or [llane@twrf.net](mailto:llane@twrf.net).

# 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.
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.

<b>Athlete's First Name:</b>	<b>Last Name:</b>	
<b>Parent / Guardian's First Name:</b>	<b>Last Name:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Parent / Guardian's Signature:</b>		<b>Date:</b>
<b>Athlete's Signature:</b>		<b>Date:</b>

\*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](mailto:llane@twrf.net) Cell: 731-415-0641



## Roster Picture Opt-Out Form

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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, against any claim by or on behalf of my son/daughter as a result of my son's/daughter's participation in 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: \_\_\_\_\_



## Code of Conduct – Athletes

Each registered participant in Tennessee SCTP/SASP and William Blount Shooting Team activities shall always exercise exemplary behavior. Such behavior reflects respect for themselves, one's team, the program, and others, and represents the high ideals of Tennessee SCTP/SASP and its partner organizations. Violations of the Code of Conduct may result in disqualification, suspension or expulsion from the event or program. All youth participants are required to sign a Code of Conduct form and return it to the Team prior to participation in any practice or event.

All Shotgun team athletes must comply with this code of conduct and the rules in Section VIII of the TNSCTP Policies and Procedures manual, which can be found at <https://tnwf.org/tennesseewf/wp-content/uploads/2018/06/Policy-Procedures-Manual.pdf>. All Pistol/Rifle team athletes must comply with this code of conduct and the rules in Section 8 of the Scholastic Action Shooting Program Handbook, which can be found at <https://sssfonline.org/wp-content/uploads/2017/11/SASP-2017-2018-Handbook-Final-1.pdf>.

The following Code of Conduct shall be observed during all Tennessee SCTP/SASP activities:

### Dress

- Appropriate clothing, as outlined below, shall always be worn.
- For females, midriffs and cleavage shall be covered.
- For males, pants shall be fitted around the waist, not riding low on the hips.
- All undergarments shall always be covered.
- Shirts, hats, pants – any clothing – and any other associated items carried, worn, etc. with pictures, caricatures, designs, messages, writings, or other embellishments, shall be tasteful (no vulgar, crude language or pictures; no violence, drugs, or alcohol slogans).
- Pants or modest length and well-fitting shorts are acceptable. Shorts or pants that reveal undergarments or buttocks are prohibited.
- Shooting in flip-flops or opened-toed shoes/sandals is prohibited.

### Language

- Encouraging and affirming language shall be used.
- Inappropriate language (foul, vulgar, crude, rude, aggressive, racist, sexist, etc.) is strictly prohibited.
- Inappropriate language of a sexual nature or deemed as harassing in nature is prohibited. Inappropriate language includes any language that could be interpreted by another person as abusive or of a sexual nature.
- Use of inappropriate language may result in immediate and permanent expulsion from the Tennessee SCTP/SASP program.

### Behavior

- Cell phones, video games, MP3 players or personal music devices, etc. shall be permitted only when used in a manner that does not interfere with any aspect of the Tennessee SCTP/SASP event. Should they become disruptive to the event, training, or any other aspect of the program, these devices are subject to temporary confiscation.
- Possession and/or use of alcoholic beverages and/or tobacco products is prohibited. For youth 21 years of age, alcohol shall not be consumed immediately prior to or during any Tennessee SCTP/SASP activity.
- Illegal substance use or possession is prohibited. This includes abuse of prescription medications.
- Participation, cooperation, respect for others, and a positive attitude are expected. All participants shall always exhibit good sportsmanship.
- Inappropriate physical contact is absolutely prohibited. Inappropriate contact includes any unwanted contact or contact that may be interpreted by another person as sexually motivated including, but not limited to: invading personal space, touching, or otherwise demonstrating inappropriate interest or attention. Inappropriate physical

contact may result in immediate and permanent expulsion from the Tennessee SCTP/SASP program and the William Blount Shooting Team.

## **Additional Information**

Tennessee SCTP/SASP adheres to the “two-deep” policy regarding adult-youth interaction: in other words, two adults shall be present when interacting with any youth. There should never be one-on-one, private interactions between an adult and a youth. The “two-deep” rule applies to electronic or phone communication as well.

When communicating with a youth electronically (email, text, etc.), Tennessee SCTP/SASP coaches and adult volunteers shall include at least one additional adult (21 years of age or older) in the conversation. Similarly, Tennessee SCTP/SASP athletes shall copy their parent or another coach on any electronic communication to another adult. Athletes shall report any violation of this policy to a coach, parent, or the Tennessee SCTP/SASP Manager.

Expulsion from school for any reason will result in the student athlete’s immediate suspension from the team. Review of the circumstances will take place and the Head Coach will determine the condition and date of return, if return is allowed.

## **Return to the program after Expulsion**

Note that while the behaviors outlined in this document are drafted from the Tennessee SCTP Policies and Procedures Manual, the enforcement of disciplinary measures is the responsibility of the team. This team is interested in providing opportunities to these Student Athletes to participate. When a disciplinary issue forces us to remove a student from the team we will follow the process below to assess opportunities for reinstatement.

Drug/Alcohol issues – the student athlete will be immediately removed from the team. The student athlete may apply for reinstatement the following year, but will be subject to scrutiny to include the following:

- Agreement by the parent/guardian to provide proof of initial corrective actions (counseling, etc.).
- Agreement by the parent/guardian to participate in “on demand” screening of the athlete. This will be screening of the quantitative nature which takes place at a facility designed to provide for this service. For example, if the athlete is suspended for use of a controlled substance, the parent/guardian will be required to show a clean screening prior to reinstatement. The student athlete will then be required to test at given intervals by the coaching staff until they feel that there is no danger for reoccurrence. The cost of said testing is to be borne by the parent/guardian.

All other issues – the student athlete may petition the team for reinstatement the year following expulsion. This reinstatement request will be examined by the Board of Directors to determine action moving forward. This review will take place in a closed Board meeting.

While it is our desire to see these students receive a chance to correct their negative actions, we will not do so at the peril of the remainder of the team. That will be the guiding principal in all requests for reinstatement.

## **Agreement to Uphold William Blount Shooting Team Code of Conduct**

By signing below, you as the athlete have read and will follow the rules and understand the consequences of violation of the rules. The parent/guardian states that they understand their responsibility and what could happen to their athlete if they do not follow the rules.

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Athlete's Name (please print)

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Athlete's Signature

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Date

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Parent/Guardian Name (please print)

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Parent/Guardian Signature

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Date

**PLEASE RETURN THIS PAGE TO THE HEAD COACH**

# William Blount Shooting Team

## *Rules and Agreement for Scholastic Action Shooting Program*

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### **Safety Rules:**

The athlete will follow all safety rules at all times. A first time accidental violation of a safety rule will result in a warning. A second violation will result in dismissal from practice for the day. Subsequent violations may result in expulsion from the team. Any willful violation of a safety rule will result in dismissal from practice for the day and possible expulsion from the team.

### **Dress Code:**

The athlete will be required to wear a billed hat, long-sleeved shirt, pants and closed toe shoes (tennis shoes or boots). NO CROCS, FLIP FLOPS OR KEENS. Z-87 approved eye protection and hearing protection must be worn at all times while on the range. Any athlete observed without proper attire/protection will be asked to leave the practice for the day.

### **Firearms:**

Per Tennessee State law, no person under the age of 18 can be in possession of a handgun without adult supervision. If an athlete shows up to practice with a handgun without adult supervision, they will not be allowed to practice for the day and may face expulsion from the team. The handgun will be held by a coach until the parent/guardian of the athlete can arrive to retrieve it.

### **Conduct:**

The athlete will be required to hold themselves to the highest standard of conduct. You will be representing your team, school, and coaches on and off the field so participation, cooperation, respect of others, and a positive attitude are expected. Poor sportsmanship, bullying, rude behavior and/or arguing with coaches will not be tolerated. The use of drugs, alcohol and/or tobacco products is prohibited. Parents must use designated areas. Any violation will result in dismissal from practice for the day and possible expulsion from the team.

### **Academics:**

The athlete will be required to hold a C average in every subject they are enrolled in. The athlete will be required to provide the coach with a copy of their report card to be placed in their file. If an athlete fails to hold the academic minimum they will not be allowed to participate in any competition shoots.

### **Cost:**

The parent/guardian of the athlete will be responsible for providing ammunition and handgun for their athlete. Any fees incurred for competitions will be the responsibility of the parent/guardian and relayed to you.

### **Practices:**

The athlete must attend a minimum of 6 practices to be eligible to shoot any competition match. The athlete should show up to practices on time and prepared.

## Agreement to Uphold William Blount Shooting Teams Rules for Participants of SPP

By signing below you are stating you as the athlete have read and will follow the rules and understand the consequences of violation of the rules. The parent/guardian states that they understand their responsibility and what could happen to their athlete if they do not follow the rules.

---

Athlete's Name (please print)

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Athlete's Signature

Date

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Parent/Guardian Name (please print)

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Parent/Guardian Signature

Date

**PLEASE RETURN THIS PAGE TO THE HEAD COACH**