



ATHLETE Registration Form 2016 - 2017 Season
PLEASE PRINT NEATLY

Team Name: _____

Head Coach Name: _____

Athlete's Name: _____

Athlete's Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of birth: _____ **SC - Hunter Safety #** _____

(Attach Copy of Certificate)

Gender: male _____ female _____ **Grade Level / Sept 01, 2016** _____

T-Shirt Size: _____ **Color (choose one):** garnet___ light blue___ orange___ white___

Athlete Current Shotgun: Gauge: _____ **Manufacturer:** _____

_____/_____
Parent or Legal Guardian Name(s) - Print **Parent(s) or Legal Guardian(s) E-Mail Address**

Cell Phone of Parent(s) or Legal Guardian(s) named above: _____

Division (please choose one based on athlete's current grade)

Rookie (5th Grade & under)

Intermediate 1st Year (All 6th Grade and 1st year 7th & 8th)

Intermediate Advance (All 2nd year 7th & 8th.Grade)

Jr. Varsity 1st Year (All 9th Grade and 1st year 10th)

Jr. Varsity Advance (All 2nd Year 10th Grade)

Varsity 1st Year (All 11th Grade and 1st year 12th)

Varsity Advance (All 2nd Year 12th Grade)

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ATHLETE Consent & Waiver Form 2016 - 2017 Season

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1. Athlete and Parent / Legal Guardian acknowledges that SCYSF manages events in Sporting Clays in which firearms are used. SCYSF will emphasize the proper safe handling and shooting skills at these events.
2. Athlete understands there are risk and dangers associated with the use of firearms which include but are not limited to serious bodily injury, death and property damage. Athlete agrees to assume all risk inherent or otherwise that may occur due to arise out of or be in connection with Athlete's own participation including but not limited to serious bodily injury, death and property damage. Athlete further agrees to assume all risk inherent or otherwise that may occur due to arise out of or be in connection with Athlete's own participation of others in the SCYSF Events including but not limited SCYSF Board members, other competitors, coaches / volunteers.
3. Athlete further agrees not to sue and agrees to release, waive and discharge the SCYSF, SCYSF Board, Host Clubs / Club Owners for all Events from any all claims, demands actions, suits, proceedings, liabilities, damages, losses, judgments and expenses for legal fees that an athlete may suffer directly or indirectly due to arising out of or in connection with athlete's own participation or conduct in a SCYSF Event or the conduct of other Athletes participating in the SCYSF Event also including without limitations the conduct (negligent or otherwise) of the release parties.
4. To the fullest extent allowed by law, Athlete agrees to defend, indemnify, and hold the SCYSF, SCYSF Board, Host Clubs / Club Owners / Coaches / Volunteers harmless from and against any and all claims, demands, suits, proceedings, liabilities, damages, losses, judgments and expenses (including legal fees) 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 (negligent or otherwise) with SCYSF or a SCYSF Event.
5. Medical Attention: Athlete gives his / her consent to SCYSF Board Members and their Head Coach to provide through a medical staff of its choice, customary medical-athlete training attention, transportation and emergency services as warranted in the course of my participation at a SCYSF Event.
6. Athlete grants to SCYSF and Host Clubs for SCYSF Events permission to reproduce, publish, distribute or otherwise use in any responsible manner athlete's name, photograph, likeness and statements in connection with the promotion of the SCYSF in all media but not limited to the Internet, news articles, advertisements or other electronic or printable materials. Athlete further covenants not to sue and agrees to waive, release and discharge the SCYSF, SCYSF Board, Host Clubs / Club Owners from and against any claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments, and expenses (including legal fees) arising out of or in connection with the use of the Athlete's name, photograph, likeness and statements, including without limitations, any and all claims for invasion of privacy, 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 and Waiver Form and that it shall be binding upon Athlete his representative, heirs, assigns and next of kin.
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 SCYSF Events. I declare that I have read and fully understand this entire Consent and Wavier, and that by signing below I agree that all of the provisions of this Consent & Wavier are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Athlete.
9. I certify that information on this form is accurate and understand that if information is found to be inaccurate, my child and/or squad will be disqualified from participating in SCYSF event(s).

Athlete's Printed Name: _____

Athlete's Signature: _____ Date: _____

Parent / Legal Guardian Printed Name(s): _____

Parent/Legal Guardian Signature(s): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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Parent/Legal Guardian Release & Medical Consent Form 2016 - 2017 Season
PLEASE PRINT NEATLY

Team Name: _____

Athlete's Name: _____

Parent/Legal Guardian Name(s): _____

Phone: (Cell) _____ **(Other)** _____

EMERGENCY MEDICAL INFORMATION

Regular Medication Required: _____

Types of activities prohibited due to physical limitations: _____

List any chronic ailments: _____

Allergies: (insect, food, drug etc.) _____

Immunizations: Mumps: yes / no Measles: yes / no Tetanus yes / no

Any additional information coaches should be aware of in case of emergency:

Emergency Contact: (name) _____

(Address) _____ (phone) _____

I hereby give permission to any SCYSF Board Member or Head Coach of my son / daughter's team to seek emergency medical attention in the event of accident or illness and release the South Carolina Youth Shooting Foundation from Liability for accidents and/or illness. This certifies that my child has no chronic ailments and is physically able to participate in all activities involved with the SCYSF Shooting Program.

Parent / Legal Guardian Signature

Date

I as a parent or guardian will permit SCYSF Board members and/or Coaches to contact my son / daughter participant directly in order to give them additional information concerning SCYSF activities such as practice or event information.

I as a parent or guardian do NOT permit SCYSF Board members and/or Coaches to contact my son / daughter participant directly in order to give them additional information concerning SCYSF activities such as practice or event information.