



South Carolina Youth Shooting Foundation

2012 Asst. Coach Registration Form

Team Name: _____

Head Coach Name: _____

Asst. Coaches Name: _____

Address: (mail) _____

Address: (ship) _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Cell: _____

E-Mail Address – 1 _____

E-Mail Address – 2 _____

Gender: male _____ female _____ DOB: _____ Shirt Size _____

Training Certification:

NSCA Level-1 NO _____ YES _____ Date _____

4-H Shotgun Safety 1-Day Training NO _____ YES _____ Date _____

SCYSF 1-Day Sporting Clay NO _____ YES _____ Date _____

As a Asst. Coach for a Youth Shooting Team that participates in SCYSF Events, I understand that I must have one of the above Coaches Certifications prior to coaching a squad at a 2012 SCYSF Event.

Asst. Coach Signature

Date