



# South Carolina Youth Shooting Foundation

## *2012 Head Coach Registration Form*

**Team Name:** \_\_\_\_\_

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 Head Coach for a **NEW** Youth Shooting Team that participates in SCYSF Events, I understand that I must have one of the above Coaches Certifications prior to my team participating in a 2012 SCYSF Event.

As a Head Coach for a **Current** Youth Shooting Team that participates in SCYSF Events, I understand that I must have my NSCA Level-1 Certification prior to my team participating in a 2012 SCYSF Event.

\_\_\_\_\_  
Head Coach Signature

\_\_\_\_\_  
Date