



## Participant Registration Application Consent & Wavier Form

This form must accompany the SCTP National Consent & Wavier Form

Please mail signed completed forms and waivers with any registration fees to: CASCTP, P.O. Box 2263, Salinas, CA 93902-2263

Welcome to the California Scholastic Clay Target Program 2008 Season. All participants are required to complete their national, state and clubs registration forms and return to the CASCTP Registrar. Complete information on the CASCTP can be found at [www.casctp.org](http://www.casctp.org)

This season's membership fee is \$15.00 and includes the following:

- Accident insurance.
- State T shirt.
- Voting.
- Discounts & Special Purchases.
- Program support.
- More...

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E mail: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Club Name: \_\_\_\_\_

Have you completed a California Hunter Safety Education Class? \_\_\_\_\_

If no, would you be interested in attending a class in your area? \_\_\_\_\_

Please circle your Division. (Ask your Program Administrator if you need assistance.)

ROOKIE

INTERMEDIATE

JUNIOR VARSITY

VARISITY

Please circle one:

Voting Discipline:

Skeet

Sporting Clays

Trap

International

Post Office Box 2263, Salinas, CA 93902-2263 [www.casctp.org](http://www.casctp.org)



## Waiver & Release

I understand that (Participants Name) \_\_\_\_\_  
will be participating in a competitive environment.

### PARTICIPANTS' CODE OF CONDUCT:

No participant shall:

- Disobey any safety rule.
- Use physical contact as an aggressive act or at any time lay a hand upon, push, strike or threaten to strike an official, participant, spectator or other person.
- Refuse to abide by an official's decision.
- Use equipment in a dangerous manner.

I understand and agree to abide by ALL Program Rules and Participants' Code of Conduct.

### **INDEMNITY, WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT**

I understand that recreation programs, by their very nature, can present circumstances that place the participant (my child) at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the participant's aptitude and intensity of involvement. I understand and agree that I am and/or the above-named participant(s) is (are) entered into this program at my/their own risk. In consideration of the acceptance of this registration form for the activities listed, the participant(s) named on this form or his/her legal guardian, agrees as follows: I understand the nature and content of the activity(ies) listed and am aware of the potential dangers incidental to engaging in the program(s). I agree to release, indemnify, defend and hold California Scholastic Clay Target Program, its officers, employees, agents, and volunteers harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the(se) program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, or for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will. THIS ORGANIZATION DOES NOT HAVE OR PROVIDE MEDICAL INSURANCE FOR PERSONS INVOLVED IN PROGRAMS. Registering in this program gives permission for use of likeness in any photo, video or media at the discretion of the California Scholastic Clay Target Program.

Parents or Guardian's signature is required for participants who are under age 18.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Players Date of Birth** \_\_\_\_\_

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