South Carolina Department of Natural Resources Scholastic Clay Target Sports

**COACH'S REGISTRATION FORM**

Head Coach Assistant Coach

(Only One Head Coach Per Team. Please Check One)

Team Name:

Name:

Mailing Address:

City: State: South Carolina Zip:

Cell Phone: Alternate Phone:

E-mail:

Gender: Male Female Date of Birth: TRAINING CERTIFICATION: **(MUST HAVE ONE)**

4H Shotgun Safety Training

Date of Certification:

SCYSF Assistant Coaches Training

Date of Certification:

\*Other (NSCA, SCTP, CSM)

Date of Certification:

\*If other, please list the type of training:

Organization:

|  |  |  |  |
| --- | --- | --- | --- |
| Public School | Private School | 4 - H School | Boy Scouts |
| Home School | Church Group | Gun Club |  |

The information above is true and I agree to follow all **SCDNR** rules, terms, and conditions.

**(SEE ATTACHED SAFETY RULES)**

Coach's Signature: Date:

Name of Principal/Headmaster:

**(Required for school teams only)**

Date:

Principal/Headmaster Signature:

**(Required for school teams only)**

 Please complete and email to stephensm@dnr.sc.gov or fax to 803-734-4491 Attn. Staff SGT Scott Stephens