

Wisconsin Association For Youth Shooting



WAYS Consent & Waiver



The WSCA is sponsoring the 2014 youth sporting clay program.

INSTRUCTIONS: Before you can participate in the WAYS program, this Consent & Waiver must be completed, signed by you and your parent/legal guardian, and returned to your Head Coach to submit to the WSCA youth committee.

Club Name _____ Team Name _____

Name _____

Please print

Address _____

City _____ Wisconsin Zip _____

Phone # _____ E-mail _____

Gender Male Female

Birth date (mm/dd/yyyy) ____/____/____ Grade in school as of January 1, 2014 ____

Please check appropriate box for division

Rookie Division (Grades 5 and under ONLY)

Intermediate Division (Grades 6-8 ONLY)

Categories:

Entry Level:

1st year participating in the Intermediate Division

Advanced:

2nd or 3rd year participating in the Intermediate Division

Senior Division (Grades 9-12 ONLY)

Categories:

Jr. Varsity

1st year participating in the Senior Division

Varsity

2nd, 3rd, or 4th year participating in the Senior Division

The WAYS program does not require students to join the NSCA. The clubs and coaches will be explaining the benefits of being a member of the NSCA. Our goal is to train and encourage all students to become registered shooters with a desire to compete in tournaments.

NSCA #	OPTIONAL Class	Concurrent
Concurrent: As of January 1st 2013 under age 16 = SJ (Sub-Junior) 16-20=JR (Junior)		

Have you participated in the State Hunter Safety Program? YES NO Certificate # _____

If you have participated in the WAYS/SCTP program in the past, which years did you participate?
 2013 2012 2011 2010 2009 2008
 2007 2006 2005

Please read the following:

1. The WAYS program is a team-based program in sporting clays which involves the use of firearms. WAYS requires the safe handling and use of firearms at all times. Failure to adhere to this requirement may be grounds for removal from the program.

2. Athlete & parent understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. You agree to assume all risks, inherent or otherwise, that may occur due to participating in the WAYS program.

3. Athlete and parent further covenants not to sue and agrees to release, waive, and discharge the WSCA, and their respective directors, officers, agents or volunteers from any and all claims while they participate in the WAYS program.

4. MEDICAL Attention: Athlete/legal guardian gives his/her consent to WSCA, host organization of any event, and/or volunteers, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in WAYS events.

6. Athlete/legal guardian grants to the WSCA, WAYS program, permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Athlete's name, photograph, likeness and statements in connection with the promotion of the WAYS program.

7. Athlete/legal guardian signature below indicates that you have read and fully understands this entire Consent & Waiver, and that it shall be binding.

Parent/Legal Guardian

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 WAYS program. I declare that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me as they are upon the Athlete.

Parent/Guardian Name _____

Address (if different from Athlete) _____

City _____ Wisconsin Zip _____

Phone _____ E-mail _____

Parent or Legal Guardian's Signature Date _____

Athlete's Signature Date _____

*Note to Coaches: A completed copy of the Consent & Waiver Form for each team member must be in your possession prior to registering any athlete. You MUST retain a copy of the consent form and **mail the original with signatures** to:
WSCA, Attn: Diane Redmann, W5810 J&H Road, Shiocton, WI 54170.

Please verify all information before sending forms. If questions, please call Diane at 715-758-8134 or e-mail at:
jhclub@tds.net