

Mustang Shooting Sports Information Form

PART A – Athlete Information:

Athlete Name: _____
Date of Birth _____
Street Address: _____ City: _____ Zip _____
Phone: (____) _____ Cell phone: (____) _____ Email: _____
Year of Graduation: _____

Athlete's Shooting Sports National Organization numbers (if a member):

American Trap Association # _____ Expiration Date _____
National Sporting Clays Association #: _____ Expiration Date _____
National Skeet Shooting Association #: _____ Expiration Date _____

PART B – Parents Information:

Our club is supported by parent volunteers. Each family is expected to assist in fulfilling this need. We encourage all parents to participate in some capacity during the season. In addition, we ask all parents to attend our Parent Academy sessions normally scheduled during club level practices. The knowledge gained in these sessions will not only assist in your understanding of our program and the essential elements of safety; most parents find that their involvement helps build a special bond with their son that they have not found through other means or experiences.

Father's Name: _____
Address (if different): _____
Phone: (____) _____ Cell Phone: (____) _____ Email: _____
Occupation/Special Talent: _____
(If you have a particular way you wish to participate in the club please list your interest/ background. It may assist MSS Shooting Sports to find the right dad's expertise as needed.)

Mother's Name: _____
Address (if different): _____
Phone: (____) _____ Cell Phone: (____) _____ Email _____
Occupation/Special Talent: _____
(If you have a particular way you wish to participate in the club please list your interest/ background. It may assist MSS Shooting Sports to find the right mom's expertise as needed.)

In order to insure safety as well as proper mentoring opportunities, our club has established a preferred 1 to 5 coach to athlete ratio. We rely on parent volunteers to maintain this ratio. If you would be willing to become certified as a coach in either archery or shotgun, please indicate which discipline here _____. We will contact you on the timing of the classes- no experience is necessary- we will train you at the club's expense.

PART C – Athlete's Medical Information:

Allergies: _____
Medication: _____
Recent Illness: _____
Limitations: _____
Physician's Name: _____ Phone: (____) _____
Physician's Signature (required only if limitations are listed above): _____

PART D – Emergency Contact Information and Medical Authorization:

Name of Emergency Contact: _____ Phone: (____) _____
Name of Emergency Contact: _____ Phone: (____) _____
All Mustang Shooting Sports participants MUST be covered by health or accident insurance. Please list the following information:
Insurance Provider Name: _____ Policy# _____
Claims Address: _____

I understand that in the event of illness or a serious injury to my child, the coach, athletic trainer, chaperone, or on-sight administrator will attempt to contact me by calling the listed phone numbers. If I cannot be reached, and the coach, athletic trainer, chaperone, or on-sight administrator feels the injury is serious enough to warrant emergency treatment, that person will phone an ambulance and my child will receive emergency treatment. This procedure is acceptable to me.

Signature of Parent/Guardian: _____ Date: _____

Please attach a photocopy of FRONT and BACK of athlete's health insurance card to this form.