



South Carolina Department of Natural Resources  
Scholastic Clay Target Sports

**2015-2016 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:  Date:   
(Required for school teams only)

Principal/Headmaster Signature:   
(Required for school teams only)