



Coppell Competitive Shooting Team Registration Packet 2024/2025

Athlete Full Name: _____

RETURNING ATHLETES

- ___ Pay team dues: \$475 (dues exclude uniform items)
- ___ Returning athletes needing a new uniform or spirit wear items may purchase this separately when the team store opens.

NEW ATHLETES:

- ___ Proof of completion: Hunter Safety Part 1:
<https://tpwd.texas.gov/education/hunter-education/online-course/introduction>
- ___ Pay team dues: New members \$625 (dues include full team uniform: tournament jersey, pouch, practice shirt and cap)

ALL ATHLETES

The following documents must be received via hard copy:

- ___ SCTP Sportsmanship Contract *
- ___ SCTP Medical Consent Form *
- ___ Appendix I: CCST Firearm Safety
- ___ Appendix II: CCST Team Rules and Code of Conduct
- ___ Grand Prairie Gun Club Waiver

I acknowledge that team safety training is a requirement for membership.
Safety training will be offered in October.

Initials

**You will receive a DocuSign notification to execute the following document once paperwork and payment is turned in. This must be completed for your athlete to participate.*

**Checks made payable to Coppell Competitive Shoot Team or pay by
Zelle: coppellshootingteam@gmail.com**

**Drop off paperwork and payment: 711 Hawk Lane, Coppell (Steffens Residence)
All paperwork and payment is due 9/30.**

Questions? Email coppellshootingteam@gmail.com

Registration information: (PLEASE PRINT)

Parent e-mail:	
Parent mobile:	
Home address:	
*Athlete e-mail:	
*Athlete mobile:	
Athlete Current Grade	
Athlete School Name	
Athlete Shirt Size	AS AM AL AXL AXXL

**Athlete contact details are used for the TeamApp.*

State Abbreviation: TX

Head Coach Last Name: Joe Babilon



Scholastic Clay Target Program Sportsmanship Contract



The Scholastic Clay Target Program (SCTP) places a strong emphasis on sportsmanship and safety. As part of this effort, parents/guardians are asked to read and discuss the elements of this Sportsmanship Contract with their child athlete. This is a contract between the Scholastic Shooting Sports Foundation and the parent/guardian and his/her child. The signatures on this form signify agreement to comply with the provisions of this contract.

IMPORTANT! A parent or guardian and his/her child (athlete) must sign and return THIS FORM along with a signed PARENTAL CONSENT FORM to the team's Head Coach.

Parents:

I understand the Scholastic Clay Target Program's first and foremost priority is safety. I will enforce the SCTP's safety standards with my child at all times. I will encourage my child and other team members to have fun. I will behave as a positive role model, respect the goals of the SCTP, and reinforce the character values of good sportsmanship, teamwork, and self-discipline. I agree to stay off the shooting field. Any problems or criticisms will be presented in a positive way to the coaches or a designated assistant. I will refrain from criticizing other shooters, coaches, using abusive language, or consuming alcohol or drugs before or during all SCTP activities that I attend. I understand that unsportsmanlike behavior on my part may result in me being asked to leave the area. Such actions on my part could also result in my child being disqualified or even removed from the SCTP.

By signing this form, I affirm that I have read and understand the behavioral standards for parents as stated above and the behavioral standards for my child as stated below, and that I agree to abide by the stipulations therein.

Parent or Legal Guardian's Signature:

Date:

Athletes:

I understand shooting on a SCTP team is a privilege. I agree to act responsibly and follow all safety rules while participating in the SCTP. I will encourage and support my teammates, cooperate and show respect to my coaches, and represent the team in a positive manner both at practices and in competition. I will set specific attainable goals, attend practices with a positive attitude, practice good sportsmanship at all times, and comport myself as a lady or gentleman at all times. I understand that unsportsmanlike behavior on my part may result in my disqualification and even expulsion from the SCTP. I will not lie, cheat, or steal nor tolerate those who do.

By signing this form, I affirm that I am academically eligible to participate in extra-curricular activities as set forth by my school, that I have read and understand the behavioral standards for athletes as stated above, and that I agree to abide by the stipulations therein.

Athlete's Signature:

Date:

! This form is to be retained by the Head Coach. DO NOT send this to Headquarters!

State Abbreviation: TX

Head Coach Last Name: Joe Babilon



Scholastic Clay Target Program Medical Consent Form



Team Name:		
Athlete Name:		
Address: (no PO Boxes)		
City:	State:	Zip:

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the Scholastic Clay Target Program, Athlete (and Athlete's parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the Scholastic Shooting Sports Foundation, SCTP® Sponsors, Partners and Governing Bodies, including their respective volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete's parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the Scholastic Shooting Sports Foundation, SCTP® Sponsors, Partners and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

Athlete Printed Name:	
Athlete Signature:	Date:
Parent / Legal Guardian Printed Name:	
Parent / Legal Guardian Signature:	Date:

Name:		Relationship To Athlete:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-mail Address:		

! This form is to be retained by the Head Coach. DO NOT send this to Headquarters!

APPENDIX I

Firearms safety Agreement and Consent to Handle Firearms & Ammunition

I understand that there are inherent and other risks involved in the use of guns and ammunition in shooting, and I freely and voluntarily assume and accept those risks.

I understand that the safe and proper use of firearms requires a positive attitude based on maturity, responsibility, ethics and respect.

I agree to abide by all safety rules established by Coppell Competitive Shooting Team, the Scholastic Clay Target Program, and common sense and will encourage others to do the same.

I understand that club membership may be terminated at any time if my cooperation and respect for safety is deemed to be unsatisfactory by the coaches or adult leaders or if my behavior or actions are deemed to be a risk to others or myself or if, in the opinion of the instructors or adult leaders, I fail to demonstrate the proper attitude and knowledge necessary for the safe and proper use of firearms or equipment.

Name of Member

Signature of Member

Date

As parent/guardian of the above Coppell Competitive Shooting Team member, I agree to the above Firearm Safety Agreement. I certify that my child is not restricted by local, state, or federal laws from handling or possessing firearms under adult supervision.

I hereby give my permission for my child to handle firearms and ammunition pertaining to this team's activities under the supervision of the coaches and adult volunteers of Coppell Competitive Shooting Team. If my child is injured during team activities and I cannot be contacted in a reasonable amount of time, I hereby give my consent for necessary medical care.

Name of Parent/Guardian Street Address

Signature of Parent/Guardian

Date

APPENDIX II
Coppell Competitive Shooting Team
Team Rules and Code of Conduct

TEAM RULES:

1. DO NOT UNDER ANY CIRCUMSTANCES TAKE ANY FIREARMS OR AMMUNITION TO, IN AND/OR AROUND ANY HIGH SCHOOL OR ANY SCHOOL FUNCTIONS.
2. Follow the 4 basic Firearm Rules
 - Always treat a firearm as if it is loaded
 - Never point the muzzle at anything you are not willing to destroy
 - Keep your finger off the trigger until you are ready to fire
 - Be sure of your target and what is beyond it
3. No more than 2 shells in your gun at a time!
4. Don't load until designated shooting position!
5. Actions must be open when not in use, over and under need to be broken open
6. Barrels need to be up or down range, over and under barrels need carried in front
7. Range etiquette- No cell phones, no loud talking, and Put gun on rack when not in use.
8. Respect other shooters safety and space-you may speak safety rules to others and be spoken to
9. Respect trapper or puller-only human
10. Know range rules, check out rules when you check in
11. You are personally responsible for Golf Carts- YOU WRECK- YOU PAY!
12. All equipment is treated with respect; all equipment is checked out to you personally for your use that day. You ruin it, you pay for it!
13. DRESS CODE-Long pants, Close toes shoes, knee length shorts, NO TANK TOPS, sleeved shirts, practice or competition shooting shirts or shell bag/pouch required, ear and eye protection mandatory.
14. Respect and listen when a coach or staff is talking, instructing or coaching. No laughing, giggling or goofing off during practice or competition.
15. I will not do any drugs or alcohol and I will be a good representative of the High School and Coppell Competitive Shooting Team.
16. I will not start, engage in or partake in any fighting of any sort-live or online. I will not gossip about, make fun of or tease any of my teammates.
17. Honesty and integrity is required at all times!
18. Leave your area better than when you found it.

If I break any of these rules, I will be given 1 verbal warning documented by the coach. If I break another rule. I will be given a written warning. On my 3rd offense, I will be kicked off the team.

If I break a SAFTEY VIOLATION INTENTIONALLY, I AM AWARE I CAN BE ASKED TO LEAVE THE TEAM IMMEDIATLEY OR BE SUSPENDED FROM THE NEXT COMPETITION.

Student Signature_____. Date_____

Parent Signature_____. Date_____

BE Good! Be Strong! Be Focused!

Grand Prairie Gun Club

2330 Lower Tarrant Road, Grand Prairie, TX 75053-0274 - Phone: 972-641-9940

RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND ASSUMPTION OF THE RISK AGREEMENT

PARTICIPANT		DATE OF BIRTH
ADDRESS		CITY / STATE / ZIP
EMERGENCY CONTACT NUMBER	HOME PHONE	DRIVERS LICENSE
2024/2025 season		Mark Junker
DATE OF PROGRAM	TIME	RANGE OFFICER

WHEREAS, in return for \$_____, use of premises, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

The Undersigned agrees to indemnify, hold harmless and defend the Grand Prairie Gun Club (hereinafter "GPGC") and any of its employees directors, officers or agents (hereinafter the "Range"), from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with: the discharge of firearms; GPGC's range, buildings, land and premises (hereinafter the "Premises"); and, the Undersigned's presence on or use of said Premises. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States, the State of Texas, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend the Range, from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against the Range, whether individually, jointly, or in conjunction with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand or lawsuit, including attorneys' fees.

The Undersigned furthermore waives for himself and his family, best friend, executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which he may have or which may arise against the Range , (including but not limited to any and all injuries, damages or illnesses suffered by Undersigned or his property or their property), which may, in any way whatsoever, arise out of, be related to or be connected with: the use of the Range; the Premises, including any latent defect in the Premises; the Undersigned's presence on or use of said Premises; the property of the Undersigned (whether or not entrusted to the Range); and, the discharge of firearms. The Range shall not be liable for, and the Undersigned, on behalf of himself and his family and best friend and his executors, administrators, assignees or heirs, hereby expressly release the Range from any and all such claims.

The Undersigned on behalf of themselves and their child hereby expressly assume the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, the discharge of firearms and the firing of live ammunition.

The Undersigned furthermore hereby acknowledges and agrees that he read, understands and will at all times abide by all Range rules and procedures.

This instrument binds the Undersigned and his family and best friend and his executors, administrators, assignees or heirs thereof.

SIGNED, this the _____ day of _____, 20__.

Signature: _____

Printed Name: _____