

Michigan SCTP State Registration Form

Athlete Name: _____

Athlete Physical Address: _____ **City:** _____ **Zip:** _____

Phone# () - Age _____ **School District Attending:** _____

Does your school have a High School Team? Y N

Academic Grade for the season for which you are registering: _____

SCTP Team for which you are registering: _____

MISCTP “Healthy Athlete, Healthy Family, Healthy Sport” Protocol

As a rule, clay target shooting sports are statistically safe in all aspects provided safety rules are adhered to and taken seriously. The recent COVID-19 pandemic has altered the way we all operate in our daily lives and requires that we pay close attention to personal hygiene, our proximity to others and shared equipment. The following practices have been identified by the Centers for Disease Control as good policies for athletes, coaches, adult volunteers and spectators. By signing acceptance of this policy, you affirm that you will always abide by the Protocol during participation with MISCTP.

You agree to stay home when appropriate:

- If you feel ill with any flu-like symptoms such as: a fever at or above 100.4 degrees F, cough, sore throat, runny nose, body aches, headache, chills, fatigue, GI symptoms or loss of smell.
- If you have tested positive for COVID-19 or are showing any symptoms of the disease.
- If you have had close contact with a person who has tested positive for COVID-19
- If you have travelled internationally in the previous 14 days

You agree to follow the CDC Guidelines for return to work or school if you or a family member/individual who you have had recently had close contact with was diagnosed with or had symptoms of COVID-19.

You agree to maintain Social Distancing from individuals outside of your household, of at least 6’ when possible. When not possible to maintain social distancing you will wear a face covering (either commercially produced or of a homemade cloth based), which covers your mouth and nose.

You agree to consciously endeavor to limit touching your face or adjusting your facemask, to the extent possible during times when wearing a facemask is required.

You agree to wash your hands frequently with soap and water for a duration of at least 20 seconds. If traditional handwashing is not available, you agree to utilize a hand sanitizer with a minimum alcohol content of 60%.

You agree to not share equipment with other participants in the program to the extent possible. When this cannot be avoided, you agree use an approved disinfectant to clean the surfaces of equipment before said equipment is used by another individual.

You agree to not share water bottles, beverages or medical equipment.

You agree to report any concerns about your health to your parent/guardian or coach immediately.

You agree to encourage your fellow shooters, families and spectators to respect and observe these health and safety guidelines.

You agree to report violations of this policy to your coach immediately.

You agree to follow the rules and regulations imposed by clubs or shooting facilities who host MISCTP events.

You agree to respect the health and safety of your fellow shooters, parents, coaches and spectators by taking this list of rules seriously.

All parties, by signing this form hereby affirm that they fully understand the eligibility requirements and “Healthy Athlete, Healthy Family, Healthy Sport” Protocol contained within this document.

Athlete Name: _____ Athlete Signature: _____

Parent Name: _____ Parent Signature: _____

Coach Name: _____ Coach Signature: _____

Date: _____ (note: this form must be completed and submitted electronically to the MISCTP Treasurer prior to athlete participation in any MISCTP practice or event)