



# NORTHERN FREEZE TRAP TEAM

## Team Registration Form

### Student Athlete Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Firearm Certification Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

- I would like to be added to the **Group Me App** to receive team communications
- I would like to receive emails from **NF Trap Communications**

### Parent/Guardian Information:

Please check one: I am the  **Father**  **Mother**  **Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

- I would like to be added to the **Group Me App** to receive team communications
- I would like to receive emails from **NF Trap Communications**

Please check one: I am the  **Father**  **Mother**  **Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

- I would like to be added to the **Group Me App** to receive team communications
- I would like to receive emails from **NF Trap Communications**

My student athlete will be competing with the following firearm:  12 Gauge  20 Gauge

My student athlete uses the following shells: \_\_\_\_\_

In case of an emergency, please contact the following:

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_

By signing below, I agree to abide by the rules of the Minnesota State High School League and the Minnesota State High School Clay Target League.

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_