



March 14, 2026

Hello,

Thank you for your interest in LSA Youth Pistol Programs, specifically Air2Spare, our Jr. Air Pistol Team for elementary school aged youth through December 31<sup>st</sup> of the year of his/her/their 20<sup>th</sup> birthday. Children below Grade 3 interested in joining will be evaluated by our Youth Programs coaches on a case-by-case basis to determine their readiness and abilities.

Currently, we have scheduled team practices/trainings for Saturdays beginning April 4th in the Indoor Archery Range located upstairs in the Main Clubhouse and occurring weekly for 8 weeks until May 30th, taking off May 16th. We will discuss competitions, curriculum, equipment, safety, fundraising, etc. during our first practice. A full schedule can be found on our website's Calendar ([leesportsmen.com/calendar](http://leesportsmen.com/calendar)). The team fee this year is \$10 per participant and a limited number of scholarships are available, please speak with Coach Stephanie about this.

Loaner air pistols are available for participants, and most equipment is provided at no additional cost. Loaner air pistols are not to be taken home by participants under any circumstances.

Should you have any further questions or concerns, please feel free to contact Coaches Stephanie and Eric DuPont at [youth@leesportsmen.com](mailto:youth@leesportsmen.com) or call/text (215) 668-7808.

Thanks again for your interest and we hope to see you soon on the range!

Sincerely,

Coach Stephanie & Coach Eric



# 2025-2026 LSA Jr. Pistol Programs Athlete Registration Application

I am interested in:  Air2Spare  High Caliber

## Youth Info

First & Last Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex (M/F/X) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Guardian #1 Info

First & Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Guardian #2 Info

First & Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_  
Signature of athlete (18+), parent or guardian

\_\_\_\_\_  
Date



Lee Sportsmen's Association  
Youth Programs  
565 Fairview St. / PO Box 175  
Lee, MA 01238

Liability Waiver and Safety Regulations Acknowledgement

All Club Members or Shooting Visitors are required to sign this statement that the Safety Regulations of the Lee Sportsmen's Association will be read and understood prior to using the club facilities.

My signature on this document confirms that prior to using the club facilities I have read and understand the Lee Sportsmen's Association Safety Regulations regarding the program my athlete is participating in. If necessary, I will contact a Coach for any explanations needed. I also understand that violation of these rules can result in suspension or dismissal from the club. I am also responsible for observance of these rules of any guests I may bring.

For myself and my family, I knowingly and freely assume any and all risks, both known and unknown, while on the premises of the Lee Sportsmen's Association and assume full responsibility for my participation in their activities.

I, for myself and my family, and on behalf of my heirs, personal representatives and next of kin, hereby release and hold harmless the Lee Sportsmen's Association, it's officers, directors, volunteers, members, guests, other participants, and sponsors with respect for any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the Lee Sportsmen's Association or otherwise, to the fullest extent of the law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign freely and voluntarily without any inducement.

Parent/Guardian's Printed Name: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

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

Club Rep's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Lee Sportsmen's Association Youth Programs**

**EMERGENCY MEDICAL AUTHORIZATION**

**DATES (August 1, 2025 – August 1, 2026)**

Athlete Name: \_\_\_\_\_

Date of Birth (MO/DAY/YR): \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_ Guardian #2 Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Best Phone # to reach him/her: \_\_\_\_\_

Is your child allergic to any medications?  Yes  No

If Yes, list medication(s) here: \_\_\_\_\_  
\_\_\_\_\_

Does your child need or carry an Epi Pen?  Yes  No

Does your child have any other allergies, medical conditions, impairment, physical or cognitive disability? If so, please list here:

\_\_\_\_\_  
\_\_\_\_\_

I give my consent for emergency medical treatment deemed necessary by medical personnel. If necessary, transportation in an ambulance is authorized. I understand that this authorization will be used only when the parent/guardian cannot be contacted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete all medical insurance information below, and if possible, attach a front/back copy of the medical insurance ID card.

\_\_\_\_\_  
Policy Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Subscriber's Name

\_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
Phone Number



**Lee Sportsmen's Association Youth Programs**

**MEDIA CONSENT FORM**

**2026 SEASON**

Lee Sportsmen's Association Youth Programs may wish to photograph (individual and in groups) or record youth athletes under the age of 18 that may include your child during their membership in the Club. All media will be taken and published in accordance with Club policy, and may be used on the Club's secure website, included with newspaper or online news articles, Club notices, or for training purposes. The Club requires parental consent to take and use photographs.

Parents/guardians have the right to refuse agreement to their child being photographed.

In consideration of the above, I, the parent/guardian of \_\_\_\_\_, hereby consent to LSA and LSA Youth Programs to photographing, filming, and audio-visual taping of my child. I understand this media may appear in LSA's website, advertisements, and promotional or informational materials including but not limited to printed or online newsletters, brochures, advertisements, and newspaper or online news articles. I also waive my rights to any compensation for these images or recordings of my child.

**I have read and understand the above Media Consent and agree to its terms and conditions.**

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date



## LEE SPORTSMEN'S ASSOCIATION YOUTH PROGRAMS CODE OF CONDUCT: PARENTS

The purpose of this code of conduct for parents is to establish consistent expectations for behavior by parents/guardians. As a parent/guardian, I understand the important growth and developmental support that my child's/children's participation fosters. I also understand that it is essential to provide the coaches, team assistants, and other volunteers with respect and the authority to coach and assist the team. I agree with the following statements:

- I will always set the right example for our children by demonstrating sportsmanship and showing respect and common courtesy to the team members, coaches, competitors, officials, parents/guardians, spectators, and all facilities and their staff.
- I will be involved by volunteering, observing practices, supporting the team at matches and competitions, and talking with my child(ren) and their coach(es) about their progress.
- I will refrain from coaching my child(ren) from the viewing area during practices, trainings, or competitions.
- I will respect the integrity of the officials.
- I will direct my concerns first to LSA Youth Programs, then, if not satisfied, to the LSA Board of Directors.

I understand the above expectations and that my failure to adhere to them may result in disciplinary action.

---

Signature(s)

---

Date



## LEE SPORTSMEN'S ASSOCIATION YOUTH PROGRAMS CODE OF CONDUCT: ATHLETES

The purpose of this code of conduct for athletes is to establish consistent expectations for behavior by athletes. By signing this code of conduct, I agree to the following statements:

- I will respect and show courtesy to my teammates, coaches, competitors, officials, parents/guardians, spectators, and all facilities and their staff at all times.
- I will always show respect for and use and handle all firearms or other shooting sports equipment appropriately in a safe manner.
- I will demonstrate good sportsmanship at all practices, trainings, and competitions.
- I will set a good example of behavior and work ethic for my younger teammates.
- I will be respectful of my teammates' feelings and personal space. Athletes who exhibit sexist, racist, homophobic, or otherwise inappropriate behavior will face consequences.
- I will attend all team meetings and training sessions, unless I am excused by my coach(es).
- I will show respect for all facilities and other property used during practices, trainings, competitions, and team activities.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official's call or decision, I will talk with my coach(es) and not approach the official directly.
- I will obey all of USA Shooting's, USA Archery's, the SSSF's (SASP's & SCTP's), and any/all other sports governing bodies' rules, policies, and codes of conduct.

I understand the above expectations and that my failure to adhere to them may result in disciplinary action determined by my coach(es) and the LSA Board of Directors.

---

Signature(s)

---

Date