



Shooting Sports Overview

4-H Program Fee

Shooting Sports is a Special Interest 4-H Club. Each 4-H member will need to enroll in the 4-H program thru the online system <https://4h.zsuite.org/>, before joining the shooting sports program. There is a \$20 annual membership fee required to be a 4-H member. This \$20 fee does not include the shooting sport discipline fee. Completed Shooting Sports paperwork must be in Extension office by December 1 of current 4-H year.

.22 Cal Rifle – 10 to 18 years old (as of Sept. 1, of current 4-H year)

\$20 supply fee.

Shoots are at Chillicothe Sportsman's Club.

Each shooter will be required to provide his/her own ear and eye protection.

Limited to 8 participants.

Enrollment and payment Deadline – **December 1**

Shoots held on Thursdays at 5:30 p.m. beginning in January

Archery – 8 to 18 years old (as of Sept. 1, of current 4-H year)

\$20 supply fee.

Shoots are at Marshall-Putnam fairgrounds

Limited to 24 participants.

Enrollment and payment Deadline – **December 1**

Shoots held every Sunday at 1:30 p.m. beginning in March

Shotgun – 10 to 18 years old (as of Sept. 1, current 4-H year 2015)

\$40 supply fee.

Shoots are at Lindstrom Farm, Lacon

New shooters will have a mandatory safety meeting prior to the first shoot.

Each member will be allowed 6 shooting sessions.

Each shooter will be required to provide his/her own ear and eye protection.

Limited to 20 participants.

Enrollment and payment Deadline – **December 1**

Shoots held on Thursdays at 5:30 p.m. beginning in April

Pistol (Air) -- 8-18 Years old, (as of Sept. 1, of current 4-H year)

\$20 supply fee

Shoots are at Weir Farm, Lacon

Each member will be allowed 6 shooting sessions.

Each shooter will be required to provide his/her own ear and eye protection.

Limited to 10 participants.

Enrollment and payment Deadline -**December 1**

Shoots held on Thursdays at 5:30 p.m. beginning in May

Club times may change. Instructors will notify the members.



Marshall-Putnam 4-H Shooting Sports Enrollment Form

Name _____ Male Female Prefer not to specify
 Parent's Name _____ 4-H member Birthdate ____/____/____ Grade ____
 Mailing Address of Member _____ City _____ Zip _____
 Phone () ____ - _____ May we text this number? Yes No
 Email _____ Primary 4-H Club _____

Registration in 4-H is required.

All youth enrolling in M-P Shooting Sports must be registered in Zsuite.org and turn in paperwork.

-----Discipline Annual Registrations and Fees-----

Enrollment and Payment Deadline

<u>____</u> .22 Riffle (LR)- 10 - 18 years old (6 sessions)	December 1 of current 4-H year
<u>____</u> I will bring my own equipment - \$20 fee	\$ _____
Must be approved by instructor before using.	
<u>____</u> I will use provided equipment - \$20 fee	\$ _____
 <u>____</u> Archery—8 - 18 years old (6 sessions)	December 1 of current 4-H year
<u>____</u> I will bring my own equipment - \$20	\$ _____
10# draw weight minimum. Must be approved by instructor before using.	
<u>____</u> I will use provided equipment - \$20 fee	\$ _____
 <u>____</u> Shotgun-10 -18 years old (6 sessions)	December 1 of current 4-H year
<u>____</u> I will bring my own equipment - \$30 fee	\$ _____
Must be approved by instructor before using.	
<u>____</u> I will use provided equipment - \$40 fee	\$ _____
 <u>____</u> Air Pistol – 8 - 18 years old (6 sessions)	December 1 of current 4-H year
<u>____</u> I will use provided equipment - \$20 fee	\$ _____

Total Fee \$ _____

Make checks payable to 'Marshall-Putnam 4-H Shooting Sports Club' and forward checks and paperwork to University of Illinois Extension, 509 Front St. Suite 4, Henry, IL 61537.

Shooting Sports fees do not include the \$20 4-H enrollment fee. 4-H enrollment fee can be paid online in Zsuite.

Required Forms

- Shooting Sports Enrollment Form
- Youth Health Form

T-Shirt Size _____

We/I give our/my permission for our/my child to participate in 4-H and agrees to support him/her with his/her elected projects/activities.

Parent Signature _____ Date _____

4-H Members Signature _____ Date _____

4-H SHOOTING SPORTS EMERGENCY MEDICAL FORM

PARTICIPANT'S NAME: _____

Address: _____
Street _____ City _____ State/Zip Code _____

Age: _____ Sex: F M Birth Date: _____ / _____ / _____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Address: _____
Street _____ City _____ State/Zip Code _____

HEALTH INFORMATION STATEMENT

Place a "Y" (yes) or "N" (no) in the space to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperone. At the end of the list, please give specific information on any items that you placed a "Y" in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important

- 1. Nervous or Mental (*epilepsy, emotional stress, convulsions*)
- 2. Lung Disease (*asthma, persistent cough, tuberculosis*)
- 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure
- 4. Pain in Chest or Shortness of Breath (*heart murmur, rheumatic fever*)
- 5. Stomach or Intestinal Trouble (*ulcers, gall bladder or liver disorder, jaundice, hernia, colitis*)
- 6. Arthritis, Diabetes, Kidney or Bladder Disease
- 7. Hay Fever or Allergies
- 8. Allergy to Medicines (*including penicillin, tetanus*)
- 9. Impaired Sight or Hearing, Chronic Ear Infections
- 10. Recent Surgical Operations, Accidents or Injuries
- 11. Any Infectious Disease
- 12. Skin Disease
- 13. Allergy to Foods
- 14. Significant Orthopedic and/or Neuromuscular Impairment (*e.g. loss of limb, spinal cord injury*)
- 15. Under on-going care of a Physician (*give name & phone number below*) for chronic or recurring problem
- 16. Do you wear glasses OR contact lenses? (*circle*)
- 17. Currently taking medication (*list names & doses below*)
- 18. Currently taking medication that needs refrigeration
- 19. Date of last TETANUS BOOSTER

Please provide any detailed information for any items above marked with a "Y". Be specific.

Family Doctor: _____

Clinic/Hospital Affiliation: _____

City: _____ Phone: (_____) _____ - _____

Medical Privacy Statement: *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: _____ **DATE:** _____

Parent or Guardian

M-P 4-H Shooting Sports Calendar

2025 to 2026

Dates and times may change. Instructors will keep you informed.

Sep 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Oct 2025						
S	M	T	W	T	F	S
				1	2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Nov 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Dec 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

All registrations due Dec 1, 25

Jan 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

.22 Rifle begins

Apr 2026						
S	M	T	W	T	F	S
				1	2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Air Pistol Begins

Jul 2026						
S	M	T	W	T	F	S
				1	2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

May 2026

May 2026						
S	M	T	W	T	F	S
						1
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Shotgun Begins

Aug 2026						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

.22 Rifle January 15- March 19 Chillicothe Sportsmen's Club 5:30

Archery March 22-May 17 M-P Fairgrounds Archery will have 2 sessions:

1:00-2:00 for members Beginners

2:00-3:00 Intermediate

Air Pistol April 2 - May 7 Wier Farm Lacon 6pm

Shotgun May 14-June 18 Lindstrom Farm Henry 6pm

Summer Sizzle Shoot June 6, 2026