



## 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

\_\_\_\_ **.22 Raffle (LR)- 10 - 18 years old (6 sessions)**

**December 1 of current 4-H year**

\_\_ I will bring my own equipment - \$20 fee \$ \_\_\_\_\_

Must be approved by instructor before using.

\_\_ I will use provided equipment - \$20 fee \$ \_\_\_\_\_

\_\_\_\_ **Archery—8 - 18 years old (6 sessions)**

**December 1 of current 4-H year**

\_\_ I will bring my own equipment - \$20 \$ \_\_\_\_\_

**10# draw weight minimum.** Must be approved by instructor before using.

\_\_ I will use provided equipment - \$20 fee \$ \_\_\_\_\_

\_\_\_\_ **Shotgun-10 -18 years old (6 sessions)**

**December 1 of current 4-H year**

\_\_ I will bring my own equipment - \$30 fee \$ \_\_\_\_\_

Must be approved by instructor before using.

\_\_ I will use provided equipment - \$40 fee \$ \_\_\_\_\_

\_\_\_\_ **Air Pistol – 8 - 18 years old (6 sessions)**

**December 1 of current 4-H year**

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

PARTICIPANT'S NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: ☐ F ☐ M Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

[illegible]

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

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



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	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	

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			

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

Feb 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

All registrations due Dec 1, 25

.22 Rifle begins

Mar 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				

Apr 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		

May 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						

Archery Begins

Air Pistol Begins

Shotgun Begins

Jun 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				

Jul 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	

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