Fulton County 4-H Shooting Sports
Late Summer/Fall 2026 Session

Fulton County 4-H Shooting Sports is a Special Interest (SPIN) 4-H Club, shorter in duration, and focusing on one subject.

Disciplines:	Age	Cost	Location	Instructors	Dates	Times
Air Rifle Limit of 6 participants	8-18 as of 9/1/26	$20 4-H program fee* plus $10 supply fee	613 West Avenue H, Lewistown	Craig Hand, Ellie Nolan, Jaysen D., & Brad R.	August 23, 30; & September 6, 13, 20, & 27 (six sessions)	1 p.m. Lasts about one hour
.22 Caliber Pistol Limit of 5 participants	12-18 as of 9/1/26	$20 4-H program fee* plus $10 supply fee	Lee Roy Knuppel farm, 25676 E County Hwy 27, Canton	Lee Roy Knuppel	August 23, 30; & September 6, 13, 20, & 27 (six sessions)	1 p.m. Lasts about one hour
Smallbore (.22) Rifle Limit of 5 participants	10-18 as of 9/1/26	$20 4-H program fee* plus $30 supply fee	Lee Roy Knuppel farm, 25676 E County Hwy 27, Canton	Lee Roy Knuppel	August 23, 30; & September 6, 13, 20, & 27 (six sessions)	2 p.m. Lasts about one hour
Shotgun Limit of 20 participants	10-18 as of 9/1/26	$20 4-H program fee* plus $30 supply fee	Jacob's Field, 20516 E County Hwy 22, Canton	Lonnie Van Pelt, Lee Roy Knuppel, and Ellie Nolan	August 23, 30; & September 6, 13, 20, & 27 (six sessions)	4 p.m. Lasts a little over an hour
Archery Limit of 25 participants	8-18 as of 9/1/26	$20 4-H program fee* plus $15 supply fee	16128 N Peanut Ridge Road, Lewistown	Brad Robinson, Ellie Nolan, and Jaysen Delpierre	August 23, 30; & September 6, 13, 20, & 27 (six sessions)	3 p.m. Lasts about one hour

*4-H program fees are paid annually and cover involvement in all 4-H clubs. Shooting Sports supply fees are paid for each discipline and each spring/fall session. 4-H Program Fees paid to University of Illinois. Supply Fees paid to Fulton 4-H Shooting Sports club.

Mandatory Safety Meeting – **August 19, 6:30 p.m**. at U of I Extension office in Lewistown. Those who attended a Safety meeting in a previous session for the same discipline are not required to attend. **If you are enrolling in a new discipline this session, you must attend the Safety meeting.**

How to register – Paper enrollment and medical form will be available on our website, or you may call to have one emailed to you (547-3711) or pick one up in person at the U of I Extension office in Lewistown. **Signed forms and payment are required prior to participating in any 4-H shooting sports disciplines**. ZSuite enrollment will be required after it opens for the new 4-H year in October.

Deadline to register – Space is limited and filled on first come, first served basis. Final deadline is August 17. You may sign up for multiple disciplines, as long as they are not at the same time. **Payment, enrollment, and signed medical forms must be submitted to reserve a spot**. For assistance with the fee, contact the Extension office at 547-3711.

All firearms are provided. The only participants who are allowed to bring their own are the advanced members who have permission from the instructors. Participants will be given eye and ear protection, which they will be responsible for bringing each time to use. If weather causes cancellations, additional dates will be set. Call the Extension office at 547-3711 for contact information.

Fulton County 4-H Shooting Sports Enrollment Form

Circle all that apply: Air Rifle .22 Caliber Pistol Shotgun Smallbore (.22) Rifle Archery

Name _____

Parent(s) Name _____
Address _____
City _____ Zip _____ T _shirt size _____
Phone #s
Main Contact # _____ description _____
Secondary Contact # description _____
Email address _____
Date of Birth ___/____/____ Grade _____
Ethnicity or Race_____
Immediate family Military Affiliation _____
Residence (circle one) Farm Rural/Sm. Town Med. Town City

- Parents or Adult Participants

o Yes o No I grant the 4-H Youth Program, University of Illinois Extension, the permission to disclose my (or my child's) identity and to reproduce and distribute videotapes, films, photographs, and transparencies of me (or my child) and sound recordings arising out of documenting 4-H youth programs.

- **4-H Youth Behavior Guidelines:** All youth who participate in Illinois 4-H Youth Development programs, which are planned, conducted, and supervised by University of Illinois Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines:

  Be courteous and respect others.

  Obey all rules established by the University of Illinois Extension 4-H Youth Development program and those of the local club/ group as well as local and state laws.

  Treat all people fairly and animals humanely.

  Respect the property of others.

  Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.

  Use appropriate language and wear acceptable clothing at 4-H activities and events.

  Show kindness to others and give assistance when needed.

  Be honest and honor commitments.

  Strive for personal best and keep trying to improve.

  Accept responsibility for personal choices.

- Please describe your experience with each discipline in which you are registering. (brand new shooter, some experience, I have only shot once, I shoot a lot, etc.)

_____

_____ _____
4-Her's Signature Date

_____ _____
Parent Signature Date

ILLINOIS 4-H EMERGENCY MEDICAL FORM

PARTICIPANT NAME:_____

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

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

PARENT / GUARDIAN / OTHER EMERGENCY CONTACT

Name:_____
Relationship

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

Cell Phone: (_____)_____ -_____

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

HEALTH INFORMATION STATEMENT

Place a "✓" in the box to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperon. At the end of the list, please give specific information on any items that you placed a "✓" in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

- ☐ 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 above. 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 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 University 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 re-sponsible 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