Fulton County 4-H Shooting Sports Late Summer/Fall 2023 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	8-18 as of	\$20 4-H program fee*	613 West Avenue H,	Terry Cremer,	August 20, 27, Sept.	1 p.m.
Limit of 8 participants	9/1/23	plus \$10 supply fee	Lewistown	Craig Hand, & Ellie Nolan	10, 17, 24, & Oct 1 (six sessions)	Lasts about one hour
.22 Caliber Pistol	12-18 as of 9/1/23	\$20 4-H program fee* plus \$10	Lee Roy Knuppel farm, east of	Lee Roy Knuppel	August 20, 27, Sept. 10, 17, 24,	1 p.m. Lasts
Limit of 5 participants	67 1726	supply fee	Canton		& Oct 1 (six sessions)	about one hour
Smallbore (.22) Rifle	10-18 as of 9/1/23	\$20 4-H program fee* plus \$30	Lee Roy Knuppel farm, east of	Lee Roy Knuppel	August 20, 27, Sept. 10, 17, 24,	2 p.m. Lasts
Limit of 5 participants	9/1/23	supply fee	Canton		& Oct 1 (six sessions)	about one hour
Shotgun	10-18 as of	\$20 4-H program fee*	Jacob's Field,	Lonnie Van Pelt	August 20, 27, Sept.	4 p.m.
Limit of 20 participants	9/1/23	Supply fee – paid by Lascelles Memorial	between St. David and Canton	and Lee Roy Knuppel	10, 17, 24, & Oct 1 (six sessions)	Lasts a little over an 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 16, 6:30 p.m**. at U of I Extension office in Lewistown. Those who attended a Safety meeting in a previous session <u>for the same discipline</u> are not required to attend. If you are enrolling in a new discipline this session, you must attend the Safety meeting.

How to register – Enrollment packets will be available on our website, or you may call to have one mailed 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. Additionally, youth will need to be enrolled in ZSuite at 4h.zsuite.org.

Deadline to register – Space is limited and filled on first come, first served basis. Final deadline is August 15. You may sign up for multiple disciplines, as long as they are not at the same time. Payment and all signed forms must be submitted to reserve a spot. If you need 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.

Instructor Lonnie Van Pelt is willing to visit your 4-H club to tell you more about the 4-H Shooting Sports Program. Call the Extension office at 547-3711 for contact information.



Fulton County 4-H Shooting Sports Enrollment Form

Name		-					
Parent(s) Name							
Address	Zip						
City	Zip	T-Sh	irt				
Size							
Phone #s		dogo	rintian				
Secondary Contact #		desc	ription				
Email address		ucsc	puon				
Date of Birth /	_/ Grade						
Ethnicity or Race							
Immediate family Milita	ry Affiliation Farm Rural/Sm.						
Residence (circle one)	Farm Rural/Sm.	Town	Med. Town	City			
 Parents or Adult Participan 	its						
	h Program, University of Illinois Exter apes, films, photographs, and transpa						
conducted, and supervised b programs are expected to der	lelines: All youth who participate in y University of Illinois Extension, are monstrate the character traits of trust re expected to abide by the following	e responsible for worthiness, resp	or their own conduct. You pect, responsibility, fairne	th participating in 4-H			
Be courteous and respect oth	ers.						
Obey all rules established by group as well as local and	the University of Illinois Extension 4-hd state laws.	H Youth Develo	pment program and those	e of the local club/			
Treat all people fairly and anir	nals humanely.						
Respect the property of others	6.						
Respect the authority of adult	or youth volunteers, paid Extension s	staff, and others	in leadership roles.				
	d wear acceptable clothing at 4-H acti						
	Show kindness to others and give assistance when needed.						
Be honest and honor commitm							
1950 85 338 8999 3 8000							
Strive for personal best and ke							
Accept responsibility for perso	inal choices.						
		• • • • • • • • • • • • • • • • • • • •					
 Please describe your 	experience with each dis	cipline in v	which you are reg	istering. (brand			
new shooter, some e	xperience, I have only sho	ot once, I s	hoot a lot, etc.)				
	•••••	• • • • • • • • • • • • • • • • • • • •					
4-Her's Signature			Dat	re			
Parent Signature				re			



PARTICIPANT NAME:					
Address:					
Street	City		State/Zip Code		
Age:	Sex: F	M	Birth Date:	//	
PARENT / GUARDIAN / OTHER EM	ERGENCY CONTA	ACT			
Name:					
				Relationship	
Home Phone: ()		Work Phone:	()		
Cell Phone: ()					
Address: Street		City		State/Zip Code	
	EALTH INFORMA	•		Sidie/Lip Code	
 Nervous or Mental (epilepsy, emotion sions) Lung Disease (asthma, persistent cougles) Disease of Heart or Blood Vessels, In mal Blood Pressure Pain in Chest or Shortness of Breath (rheumatic fever) Stomach or Intestinal Trouble (ulcers, liver disorder, jaundice, hernia, colitient of the color of the persistent of the persi	gh, tuberculosis) creased or Abnor- theart murmur, gall bladder or s) r Disease cillin, tetanus) ar Infections	☐ 11. Any I☐ 12. Skin I☐ 13. Allerg☐ 14. Signiff ment☐ 15. Under phone☐ 16. Do yo☐ 17. Curre☐ 18. Curre☐ 19. Date of	nfectious Disease Disease sy to Foods icant Orthopedic (e.g. loss of limb on-going care of enumber below) u wear glasses Contly taking medic of last TETANU	e and/or Neuromuscular Impair- , spinal cord injury) of a Physician (give name & for chronic or recurring problem OR contact lenses? (circle) cation (list names & doses below cation that needs refrigeration S BOOSTER	
Family Doctor:					
Clinic/Hospital Affiliation:					
City:		Phone: (_)	<u> </u>	
Medical Privacy Statement: It is the policy of Univ may have regarding Youth Development program be needed and may need to be shared with others an emergency so that a youth may be treated; procase of a request for reasonable accommodation; and safety of program participants at a specific ev with those external to the University, Extension, o guardian. As a parent or guardian, I understand the understand that in case of serious illness/injury, I treatment, x-ray or surgery, as recommended by a does not cover pre-existing conditions or self-inflied responsible for payment of any expenses over and	participants confidentials. Examples of sharing nowiding information to Uand providing informatent. Except in the case r 4-H, every effort will be that if a serious illness/inwill be notified. Howeve in attending physician. Inted injuries. I understals.	II. However, there night include: proviniversity staff or vition to chaperones of emergency, price made to get the jury develops, me er, if it is impossiblialso understand to also understand to this insurance a	may be time in widing information olunteers who are or host families wor to sharing any nermission of the dical or hospital case to contact me, I hat any accident i	hich such medical information will to medical personnel in the event of a coordinating specific events in the who are re-sponsible for the health nedical information, it may have a program participant or parent or are will be given. I further give my permission for emergency nsurance in effect for the event,	
SIGNED:		DATE	i:		
Parent or Guardian COLLEGE OF	AGRICULTURAL, CONSUM	IER & ENVIRONMEN	TAL SCIENCES		

