



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 at Zsuite.org

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

Enrollment and Payment Deadline

___ **Fall Air Rifle —8 - 18 years old (6 sessions)**

___ I will bring my own equipment - \$15 fee

___ I will use provided equipment - \$20 fee

Not available 2024/Instructor Needed

\$ _____

\$ _____

___ **.22 Rifle (LR)- 10 - 18 years old (6 sessions)**

___ I will bring my own equipment - \$15 fee

___ I will use provided equipment - \$20 fee

December 1 of current 4-H year

\$ _____

\$ _____

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

___ I will bring my own equipment - \$15 fee

___ I will use provided equipment - \$20 fee

December 1 of current 4-H year

\$ _____

\$ _____

___ **Shotgun-10 -18 years old (6 sessions)**

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

___ I will use provided equipment - \$25 fee

December 1 of current 4-H year

\$ _____

\$ _____

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

___ I will use provided equipment - \$20 fee

December 1 of current 4-H year

\$ _____

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. Enrollment fee can be paid online when registering by credit card or make check payable to U of I Extension and mail it with your paperwork.

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 _____



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.

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

\$15 supply fee

Pending an instructor. the Sportsman's Club.

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

Maximum number of members: 12

Minimum number of members: 5

Enrollment and payment Deadline – **October 1 of current 4-H year**

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

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

\$15 supply fee.

Shoots are at Chillicothe Sportsman's Club.

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

Maximum number of members: 8

Minimum number of members: 5

Enrollment and payment Deadline – **December 1 of current 4-H year**

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 using club bow

\$15 supply fee using own bow

Shoots are at Marshall-Putnam fairgrounds

Limited to 24 participants.

Enrollment and payment Deadline – **December 1 of current 4-H year**

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

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

\$25 supply fee.

Shoots are at Lindstrom Farm in Henry

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

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

Maximum number of members: 10

Minimum number of members: 5

Enrollment and payment Deadline – **December 1 of current 4-H year**

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

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

\$20 supply fee

Shoots are at Weir Farm in Lacon.

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

Limited to 10 participants.

Enrollment and payment Deadline – **December 1 of current 4-H year**

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

Club times may change. Instructors will notify the members.

M-P SHOOTING SPORTS 2024-2025

PROJECT PHASE	STARTING	ENDING	PROJECT PHASE	STARTING	ENDING
NEED INSTRUCTOR- AIR RIFLE	Date	Date		Date	Date
.22 RIFLE	January 16	March 20	Chillicothe Sportsman's Clem	5:30pm	6:30pm
*IMPORTANT DATES	Date	Date		Date	Date
ARCHERY	March 16	May 4	Marshall-Putnam Fairgrounds	*1pm	*3pm
SHOTGUN	May 15	June 19	Lindstrom Farm Henry	6pm	7pm
AIR PISTOL	April 3	May 8	Wier Farm Lacon	6pm	7pm

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

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

***Important dates:**

Dec 1 Enrollment due

June 7 Summer Sizzle Shoot

*Archery will have 2 sessions: 1:00-2:00 for members 1-3 years in archery and multiple member families 2:00-3:00 4 or more years in archery

Dates may be changed. Instructors will keep you informed.

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

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