

# Fulton County 4-H Shooting Sports Spring 2025 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 5 participants	8-18 as of 9/1/24	\$20 4-H program fee* plus \$10 supply fee	613 West Avenue H, Lewistown	Craig Hand, Ellie Nolan, & Terry Cremer	April 6, 13, & 27; May 4, 18, & 25 (six sessions)	1 p.m.  Lasts about one hour
.22 Caliber Pistol Limit of 5 participants	12-18 as of 9/1/24	\$20 4-H program fee* plus \$10 supply fee	Lee Roy Knuppel farm, 25676 E County Hwy 27, Canton	Lee Roy Knuppel	April 6, 13, & 27; May 4, 18, & 25 (six sessions)	1 p.m.  Lasts about one hour
Smallbore (.22) Rifle Limit of 5 participants	10-18 as of 9/1/24	\$20 4-H program fee* plus \$30 supply fee	Lee Roy Knuppel farm, 25676 E County Hwy 27, Canton	Lee Roy Knuppel	April 6, 13, & 27; May 4, 18, & 25 (six sessions)	2 p.m.  Lasts about one hour
Shotgun Limit of 20 participants	10-18 as of 9/1/24	\$20 4-H program fee *Supply fee – paid by Lascelles Memorial*	Jacob's Field, 20516 E County Hwy 22, Canton	Lonnie Van Pelt and Lee Roy Knuppel	April 6, 13, & 27; May 4, 18, & 25 (six sessions)	4 p.m.  Lasts a little over an hour
Archery Limit of 10 participants	8-18 as of 9/1/24	\$20 4-H program fee* plus \$15 supply fee	16128 N Peanut Ridge Road, Lewistown	Brad Robinson, Ellie Nolan, and Jaysen Delpierre	April 6, 13, & 27; May 4, 18, & 25 (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 – April 2, 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 – Enrollment is through ZSuite, 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.**

Deadline to register – Space is limited and filled on first come, first served basis. Final deadline is April 1. You may sign up for multiple disciplines, as long as they are not at the same time. **Payment and signed medical form 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.

# 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.

- |  |  |
|--|--|
| <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 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



**Illinois Extension**  
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES

University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating  
University of Illinois Extension provides equal opportunities in programs and employment.  
If you need reasonable accommodations to participate, please contact the registration office.