

# Fulton County 4-H Shooting Sports

## Spring 2020 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 8 participants	8-18 as of 9/1/19	\$20 yearly 4-H program fee* plus \$10 supply fee	613 West Avenue H, Lewistown	Terry Cremer and Craig Hand	April 19 & 26; May 3, 17, & 31; and June 7 (six sessions)	1:00 p.m.  Lasts about one hour
.22 Caliber Pistol  Limit of 5 participants	10-18 as of 9/1/19	\$20 yearly 4-H program fee* plus \$10 supply fee	Lee Roy Knuppel farm, east of Canton	Lee Roy Knuppel	April 19 & 26; May 3, 17, & 31; and June 7 (six sessions)	1:00 p.m.  Lasts about one hour
Smallbore (.22) Rifle  Limit of 5 participants	10-18 as of 9/1/19	\$20 yearly 4-H program fee* plus \$30 supply fee	Lee Roy Knuppel farm, east of Canton	Lee Roy Knuppel	April 19 & 26; May 3, 17, & 31; and June 7 (six sessions)	2:00 p.m.  Lasts about one hour
Shotgun  Limit of 20 participants	10-18 as of 9/1/19	\$20 yearly 4-H program fee* plus \$30 supply fee	Jacob's Field, between St. David and Canton	Lonnie Van Pelt and Lee Roy Knuppel	April 19 & 26; May 3, 17, & 31; and June 7 (six sessions)	4:00 p.m.  Lasts a little over an hour

\*If you pay your 4-H program fee through a 4-H community club, you do not need to pay it again. You would still owe the supply fee.

**Mandatory Safety Meeting** – April 15, 6:30 p.m. at Fulton County Extension Office. Those who attended a Safety meeting in a previous session for the same discipline are not required to come. If you are enrolling in a new discipline this time, 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 Fulton County Extension Office. You may not enroll online for this; signed forms and payment are required.

Deadline to register – April 14, or earlier if it becomes full. You may sign up for multiple disciplines, as long as they are not at the same time. Spots are filled on a first come, first served basis. 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

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

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

Yes  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

- -2020

Parent Signature

Date

- -2020

## 4-H Shooting Sports EMERGENCY MEDICAL FORM

**YOUTH'S / ~~CHAPERONE'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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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/chaperone. 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> )<br><input type="checkbox"/> 2. Lung Disease ( <i>asthma, persistent cough, tuberculosis</i> )<br><input type="checkbox"/> 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure<br><input type="checkbox"/> 4. Pain in Chest or Shortness of Breath ( <i>heart murmur, rheumatic fever</i> )<br><input type="checkbox"/> 5. Stomach or Intestinal Trouble ( <i>ulcers, gall bladder or liver disorder, jaundice, hernia, colitis</i> )<br><input type="checkbox"/> 6. Arthritis, Diabetes, Kidney or Bladder Disease<br><input type="checkbox"/> 7. Hay Fever or Allergies<br><input type="checkbox"/> 8. Allergy to Medicines ( <i>including penicillin, tetanus</i> )<br><input type="checkbox"/> 9. Impaired Sight or Hearing, Chronic Ear Infections | <input type="checkbox"/> 10. Recent Surgical Operations, Accidents or Injuries<br><input type="checkbox"/> 11. Any Infectious Disease<br><input type="checkbox"/> 12. Skin Disease<br><input type="checkbox"/> 13. Allergy to Foods<br><input type="checkbox"/> 14. Significant Orthopedic and/or Neuromuscular Impairment ( <i>e.g. loss of limb, spinal cord injury</i> )<br><input type="checkbox"/> 15. Under on-going care of a Physician ( <i>give name &amp; phone number below</i> ) for chronic or recurring problem<br><input type="checkbox"/> 16. Do you wear glasses OR contact lenses? ( <i>circle</i> )<br><input type="checkbox"/> 17. Currently taking medication ( <i>list names &amp; doses below</i> )<br><input type="checkbox"/> 18. Currently taking medication that needs refrigeration<br><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: \_\_\_\_\_ - 2020

You may skip this if  
already on file with us.



Extension Participant/Volunteer  
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES. Risk of equine activities means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_

STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:**

PARENT/ LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ PHONE/ EMAIL: \_\_\_\_\_