## **Fulton County 4-H Shooting Sports**

## Late Summer/Fall 2022 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	\$20 yearly	613 West	Terry	August 14,	1:00 p.m.
	as of	4-H	Avenue H,	Cremer	21 & 28;	
	9/1/22	program	Lewistown	and	September	
Limit of 8		fee plus		Craig Hand	11,18, & 25	Lasts
participants		\$10 supply		_	(six	about
		fee			sessions)	one hour
.22 Caliber	10-18	\$20 yearly	Lee Roy	Lee Roy	August 14,	1:00 p.m.
Pistol	as of	4-H	Knuppel farm,	Knuppel	21 & 28;	
	9/1/22	program	east of Canton		September	
		fee plus			11, 18 & 25	Lasts
Limit of 5		\$10 supply			(six	about
participants		fee			sessions)	one hour
Smallbore	10-18	\$20 yearly	Lee Roy	Lee Roy	August 14,	2:00 p.m.
(.22) Rifle	as of	4-H	Knuppel farm,	Knuppel	21, & 28;	
	9/1/22	program	east of Canton		September	
Limit of 5		fee plus			11, 18, &	Lasts
participants		\$30 supply			25 (six	about
		fee			sessions)	one hour
Shotgun	10-18	\$20 yearly	Jacob's Field,	Lonnie	August 14,	4:00 p.m.
	as of	4-H	between St.	Van Pelt,	21, & 28;	
	9/1/22	program	David and	Logan	September	
Limit of 20		fee plus	Canton	Mayberry, &	11, 18, &	Lasts a
participants		\$30 supply		Lee Roy	25 (six	little over
		fee		Knuppel	sessions)	an hour

4-H Program Fees paid to University of Illinois. Supply Fees paid to Fulton 4-H Shooting Sports club.

**Mandatory Safety Meeting** – August 10, 6:30 p.m. at U of I Extension, Fulton County. Those who attended a safety meeting in a previous session <u>for the same discipline</u> 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 are available online at <u>extension.illinois.edu/fmpt/4-h-fulton-</u> <u>county</u>, or you may call to have one mailed to you (547-3711), or pick one up in person at the Extension office. You may not enroll online for this; signed forms and payment are required.

Deadline to register – August 9, 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.



# Fulton County 4-H Shooting Sports Enrollment Form

Name		•••••	.22 Caliber Fistor	Shotgun	Smallbore (.22) Ri	fle
Parent(s) Name         Address         City						
Address	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	•••••		••••••
Address	Parent(s) Name					
Size	Address					
Phone #s	City	2	Lip	T-Sh	irt	
Main Contact #	Size					
Email address         Date of Birth// Grade				dece	rintion	
Email address	Secondary Contact	#		desc	ription	
Parents or Adult Participants Parents or Parents Parents Parents or Parents Paren	Email address			ucst		
Immediate family Military Affiliation     Residence (circle one) Farm Rural/Sm. Town Med. Town City     Parents or Adult Participants     O res o No 1 grant the 4-H Youth Program, University of Illinois Extension, the permission to disclose my (or my child's) identity a     o reproduce and distribute videotapes, films, photographs, and transparencies of me (or my child) and sound recordings arising or     locumenting 4-H youth Behavior Guidelines: All youth who participate in Illinois 4-H Youth Development programs, which are plan     conducted, and supervised by University of Illinois Extension, are responsible for their own conduct. Youth participating in     programs are expected to demonstrate the character traits of trustworthiness, responsibility, fairness, caring, and citi     ship. 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. (brait	Date of Birth /	/ G	rade			
Immediate family Military Affiliation         Residence (circle one)       Farm       Rural/Sm. Town       Med. Town       City         Parents or Adult Participants         D'Yes o No       I grant the 4-H Youth Program, University of Illinois Extension, the permission to disclose my (or my child's) identity a o reproduce and distribute videotapes, films, photographs, and transparencies of me (or my child) and sound recordings arising or bocumenting 4-H youth programs.         4-H Youth Behavior Guidelines: All youth who participate in Illinois 4-H Youth Development programs, which are plan conducted, and supervised by University of Illinois Extension, are responsible for their own conduct. Youth participating in programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citi ship. 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.	Elimitity of Race	and the second se				
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4-Her's Signature

Date

## ILLINOIS 4-H EMERGENCY MEDICAL FORM

Street	City		S	State/Zip Code	
Age:	Sex: F	M	Birth Date:_	//	<del></del>
PARENT / GUARDIAN / OTHER EME	ERGENCY CONTA	АСТ			
Name:					
Have Diana (		**7 1 51		Relationship	
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Cell Phone: ()					
Address:					ו••
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Street HE e a "✓" in the box to highlight any informa g of the delegate/chaperon. At the end of th e. Please be specific. In case of emergency 1. Nervous or Mental (epilepsy, emotional sions) 2. Lung Disease (asthma, persistent cough 3. Disease of Heart or Blood Vessels, Incr	ALTH INFORMA ation you feel staff a ne list, please give sp , this form may be th l stress, convul- h, tuberculosis)	TION STATEN nd/or volunteers becific information only immedia 10. Recer 11. Any I 12. Skin I 13. Allerg	a may need to m on on any items te source of acc at Surgical Ope nfectious Disea Disease gy to Foods	naximize the safety s that you placed a curate important in rations, Accidents ise	and the well "✓" in the formation. or Injuries
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Family Doctor:			 
Clinic/Hospital Affiliation:			 
City:	Phone:	()	 70

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:

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Parent or Guardian



DATE:

**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.

#### 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.

<u>Risks of 4-H Shooting Sports Activities</u>: 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:

Extension Volunteer Agreement to Assume Risk/Approved for legal form by OUC/LMP/092018