

Shotgun



Registration



Summer Sizzle Shoot
Chillicothe Sportsmen's Club
General Information

The Chillicothe Sportsmen Club (CSC) and the 4-H Shooting Sports Clubs of Marshall-Putnam counties are co-sponsoring a statewide shooting sport meet on June 4, 2022 (Rain or Shine). CSC grounds are located one mile north of Chillicothe, Illinois off IL State Route 29. Archery, air rifle, .22 small-bore rifle, & shotgun (trap) contests will be offered this year. The .22 small-bore rifle contest will follow the air rifle contest, 4-H'ers may enter in both contests, but only if they have received instruction in both disciplines. Those choosing to participate in Archery or Shotgun may only choose one.

The CSC/M-P 4-H Shooting Sports Meet follows the guidelines for National 4-H Competitive Events as established by National 4-H Headquarters at the Cooperative State Research, Education, and Extension Service (CSREES) of the United States Department of Agriculture (USDA).

This meet is for 4-H members enrolled in shooting sports as a project and want to compete in a competition with awards. **Participants must be enrolled in a 4-H Shooting Sports Program where during the current club year they have received instruction from a certified Illinois 4-H Shooting Sports Instructor in your disciplined area.**

First place medals will be awarded based on marksmanship. There are three age divisions for archery & rifles, Juniors – 8-11, Intermediate 12-14 and Seniors – 15-18/19: and three divisions for shotgun & .22 small-bore rifle Juniors – 10-11, Intermediate 12-14 and Seniors – 15-18/19.

4-H members of all ages can participant in this event, just confirm that the 4-H'er enrolls in the correct age group for each discipline.

Age Requirements – Archery & air rifle participants must have passed their 8th birthday by September 1, 2021 and may not have passed their 19th birthday before September 1, 2022. Shotgun & .22 small-bore rifle participants must have passed their 10th birthday by September 1, 2021 and may not have passed their 19th birthday before September 1, 2022.

There will be **NO WALK-IN REGISTRATIONS**. Registration will open April 24. Postmark deadline is May 24, 2022. See the registration form for fees schedule (available April 24). If you register before May 1, your fee will be \$5.00 less than if you register after May 1.

You will receive your shooting assignment and be required to check-in your shotgun & .22 ammo when you check-in the day of the shoot.

All **REQUIRED** forms must have parent/guardian signature where indicated, **if a signature is missing you will not be allowed to shoot**. The 4-H Youth or Shooting Sports Coordinator or County's 4-H Range Instructor must also sign to confirm that you are enrolled in shooting sports.

REQUIRED forms: Registration, Agreement to Assume Risk and Release from Liability, Youth Emergency Medical Information forms which all can be found at <http://extension.illinois.edu/blmp>. April 24, 2022

It is the responsibility of each individual to have the Youth Emergency Medical Information, & registration forms forwarded to the **M-P 4-H Shooting Sports Club University of Illinois Extension 509 Front St. Suite 4, Henry, IL 61537**

Anyone exhibiting unsafe handling of firearms/bows will be asked to leave

Rifle Range: Due to space and seating constraints, there will be a limit of two observers per competitor. In addition to the two observers, each county will be allowed one coach on the range during a match if that county has competitors shooting during said match.

There may be other CSC activities happening, please respect those activities and avoid them. **Please note the CSC Lake is off limits during the 4-H shoot.**

There is a meeting room with tables and chairs. If you wish, you could bring your own lunch and eat in the meeting room or an outside picnic area. There are several restaurants in the area.

You are encouraged to bring your own gun/bow/equipment. If you do not own your equipment, perhaps you could ask your 4-H Youth or Shooting Sports Coordinator or County's 4-H Range Instructor for permission to use your local club's equipment.

8:30 – 9:00 am Check-in of 4-H'ers

9:05 am Opening (Pledge of Allegiance, 4-H pledge) Instructions to 4-H'ers

Immediately following Pledge, head to specific range-- Scoring procedure, Range & Safety review at the range

Competition will begin when Range Instructor have completed Safety review

Awards will be presented in the CSC clubhouse, approximately one (1) hour after the completion of each discipline.

Fees will be on the registration forms; please note the early bird price before May 1, 2022 postmark. Registrations postmarked between May 1 & May 24 will be increased \$5.00.

Your disciplines rules will be under the rules section, please read them and be prepared to shoot under these guidelines. These will be on the website with the registration paperwork in April.

If you need a reasonable accommodation to participate in this program, please contact University of Illinois Extension, Bureau-LaSalle-Marshall-Putman Unit at 309-364-2356.

SHOTGUN (TRAP) MATCH RULES
Chillicothe Sportsmen Club

Rules & Regulations

Divisions

- 1) Junior Individual Trap
- 2) Intermediate Individual Trap
- 3) Senior Individual Trap

Junior 10, 11-year old as of 1 September of current 4-H year

Intermediate 12, 13, 14-year old as of 1 September of current 4-H year

Senior 15, 16, 17, 18 year olds as of 1 September of current 4-H year

Participants must be a member of a 4-H Club, and 4-H Shooting Sports Club, and enrolled in a 4-H Shooting Sports Program where during the club year they have received shotgun instruction from a certified Illinois 4-H Shotgun Instructor.

4-H'ers are responsible for knowing the rules of their event and staying within them. Learning the rules of the events is part of the educational process for shooting sports participants, but the intent is to aid shooters rather than entrap them.

EQUIPMENT

- 1.) Contestants will use their own shotgun. Shooters will need a minimum of 50 shells. Target loads only. It is highly recommend to bring at least 75 rounds for practice and shot-offs.
 - 2.) All shotguns will be inspected for safety, condition, etc. by field officials prior to the match and at any time during the match when inspection is merited.
 - 3.) If your shotgun is found to be unsafe and corrections are not made before the match, then the contestant will be required to share a shotgun.
 - 4.) Each shooter must provide an adequate number of shells to complete each event.
- NOTE: ALL shotgun ammo must be check in at registration, & will be moved to the range by the range instructors.
- 5.) **Contestants must attend mandatory safety orientation meeting prior to match.**
 - 6.) No release triggers permitted.

Event:

TRAP – 50 TARGETS (2 ROUNDS)

Standard ATA (American) trap (16 yards)

Course of fire:

Total of two rounds (50 targets) consisting of five targets from each of five shooting stations at 16 yards.

Junior and intermediate shooters will be split rounds.

Order of rounds:

Junior straight away targets (25 targets) (split 1)

Intermediate straight away targets (25 targets) (split 1)

Junior straight away targets (25 targets) (split 2)

Intermediate osculating targets (25 targets) (split 2)

Senior osculating targets (50 targets)

Juniors will shoot two rounds of 25 straight away targets.

Intermediates will shoot 1 round of 25 straight away targets & 1 round of osculating targets 25 targets.

Seniors will shoot two rounds of 25 osculating targets (For a total of 50 targets)

Shoot-offs: Two targets each from stations 1 thru 5 until a winner is decided, repeat if necessary. The range instructor may increase the shooting distance if required to break ties.

Tie-Breaking: Tie breaking will be done to establish the top five individuals for each age divisions.

Time Limit: Shooters will fire in an expeditious manner, avoiding unnecessary delays. One minute time limit is suggested.

Equipment: Any shotgun 12 gauge or smaller firing a shot charge meeting the requirements of the NGB.

Contestants, coaches and spectators shall adhere to the 4-H Code of Conduct at all times. All equipment shall be handled in a responsible and safe manner. Any person(s) who endangers other participants shall be removed from the match.

Illinois 4-H EMERGENCY MEDICAL FORM for 2020 Summer Sizzle Shoot

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/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 & 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 & 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



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University of Illinois Extension provides equal opportunities in programs and employment.
If you need reasonable accommodations to participate, please contact the registration office.

Revised 2/18



Summer Sizzle Shoot 2022

4-H Shooting Match Shotgun Registration Form

When: Saturday, June 4, 2022

Where: Chillicothe Sportsmen's Club, Chillicothe IL **NO WALK-IN REGISTRATIONS ACCEPTED**

Time: Check-in begins at 8:30 am

Name: _____ Address: _____ Email: _____

City _____ Zip _____ Male _____ Female _____ 4-H Age _____ Birthdate _____

4-H Club _____ County of Club _____

Ethnicity Hispanic Non-Hispanic **Race** American Indian/Alaskan Native Asian White
 Black or African American Native Hawaiian or Pacific Islander
 2 or More Races Some Other Race

Junior 10, 11 year olds Intermediate 12, 13, 14, year olds Senior 15, 16, 17, 18 year olds

REGISTRATION OPENS April 24, 2022

Early registration fee for Shotgun is \$5.00 (postmarked by **MAY 1**)

Registration fee after May 1 is \$10.00.

Shotgun registration paperwork and payment must be in the office by May 24 in order to participate.

Please attach to this form: _____ Youth Emergency Medical form
_____ Registration fee of \$_____ *Checks payable to Marshall-Putnam Shooting Sports*
(These forms are required and must be received before you can participate in this shoot.)

Mail to: M-P 4-H Shooting Sports Club
University of Illinois Extension
509 Front St. Suite 4
Henry, IL 61537

Participants must be enrolled in a 4-H Shooting Sports Program where during the club year they have received shotgun instruction from a Certified Illinois 4-H Shotgun Instructor.

Photo and Video Release

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.

Yes **No**

Parent's signature _____

We give permission for our child to participate in this one day 4-H program.

Parent's signature _____ Date _____

Program Coordinator's signature _____ County _____
(4-H Youth or Shooting Sports Coordinator or County's 4-H Range Instructor)

For information contact: University of Illinois Extension, Marshall-Putnam Office, 309 364-2356



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