4-H Shooting Sports Club

The 4-H Shooting Sports program is open to all youth, ages 9-18, as of January 31, 2018, and who live in Fayette County. We offer training, practice and contest participation opportunities in archery, air-rifle, air-pistol, .22 pistol, .22 rifle and trap shooting.

COST - $55.00 per child, Includes:
- Use of practice facility
- Use of equipment for practice and, on a limited basis, competition.
- Insurance for each participant
- Certified Shooting Sports Coaches
- District Competition Registration for 1 discipline

The 4-H Shooting Sports Program began in 1988. The primary purpose of 4-H is to provide growth and youth development through leadership and hands-on training. 4-H Shooting Sports give children 9-18 the opportunity to learn proper firearm safety. It is an introduction to safe and responsible use of firearms and archery equipment, which is a valuable skill. Certified coaches through 4-H are always present and ensures the safety of each child while handling a firearm. We offer opportunities within the disciplines of Shotgun, Pistol, Rifle, and Archery.

For more information about the 4-H Shooting Sports Program, call the Fayette County Extension Office at (859) 257-5582 or check us out on line at http://fayette.ca.uky.edu/.

Kevin Lindsay
Fayette County Extension Agent
For 4-H Youth Development
Registration/Health Form
Fayette County 4-H Shooting Sports Club

(ALL PARTICIPANTS need to complete this form)

Participant’s Name _________________________________________________________________________________________

First     Middle    Last

Address_________________________________________________________________________________________________

Street City State ZIP County

Participant’s Age ________ Race___________ Gender ______________ Birth Date _________________

**This information is necessary to comply with affirmative action—Civil Rights Standard**

Have you participated in Fayette Co. 4-H Shooting Sports before? ____Yes ____No

if yes, how many years? ___________

Check below any condition 4-H Staff should know about:

____Heart Condition       ____Seizures       ____Asthma

____Contact Lens       ____Headaches       ____Diabetes

____Allergic to Bee Stings       ____Allergies (Include Food and Drugs______________________________________________

(Mild_____ or Severe_____)       _________________________________________________________________________)

Other: (Explain Behavior, ADD/ADHD, Autism, etc.) ______________________________________________________________

________________________________________________________________________________________________________

Does your child require any special assistance at home or school?  ____Yes ____No

Accommodations Needed: _______________________________________________________

______________________________________________________________________

Family Physician _________________________________ Phone Number________________________________

I grant the Kentucky 4-H Program and the University of Kentucky, and persons acting through them the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my minor child without compensation for use in promotion or advertising, educational publications or electronic publishing (web sites) which they may create. Names will not be published.

____Yes ____No.

In addition, I will comply with all rules and regulations regarding safety and behavior according to the certified instructor or volunteer. If rules are violated, at any time, participant can be removed from practice and flagrant violation of any rule will result in permanent removal without refund of initial registration fees. Any damaged inflicted to equipment will be the sole responsibility of the parent / guardian of the participant. I acknowledge no volunteer or Fayette County Extension staff will be held liable or responsible for injury incurred at a Fayette County 4-H Archery program or any additional competition or event. ____Yes ____No

Print: __________________________________ XX Signed: __________________________ Date __________

Day Phone ___________________ Evening Phone _______________ Cell Phone _______________________

relationship_________________________ E-Mail Address________________________________

* e-mail address will be important in contacting you concerning updates regarding practice (weather, etc.)

XX Signed_________________________ Date__________

(Child)

EMERGENCY CONTACT (Neighbor or relative who may be contacted if parent/guardian is unavailable).

Name_____________________________ Relationship___________________ Phone Number______________
I give permission to my child, ___________________________, to participate in the Fayette County Shooting Sports program during 2018 at Bluegrass Fairgrounds at Masterson Station, Bud’s Gun Warehouse, Lexington, KY, and the Bluegrass Sportsman’s League in Wilmore, KY.

I understand that my child will be handling a firearm including, but not limited to pistols and rifles. The 4-H shooting sports program is designed to teach shooting safety, build relationships with peers, learn to cooperate, develop leadership skills such as poise, confidence, nurturing others and teaching others. They also learn to work with adults, appreciate the abilities of others and develop a sense of pride in their community. Involvement in the shooting sports program will lead to contact with other individuals, both adults and youth who have different levels of experience handling firearms and different sets of personal values. I understand that participating in the 4-H shooting sports program is voluntary and is not required for being a 4-H member.

I am aware and have discussed with my child that:

a. Shooting may result in a personal injury or could cause injury to another person if safety rules are not followed.

b. Other participants may act in a negligent manner which otherwise may result in harm to my child.

c. While being transported by van to off site competitions or events, my child may be involved in a collision with another automobile, person, animal or object which may result in harm to my child.

d. Shooting may result in injury or accidental death from hazards arising from firearm equipment.

e. Certain risks associated with outdoor activities could occur, including but not limited to, contact with poisonous plants, stinging insects, wild animals or reptiles.
I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury, or death to participants or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribes safety procedures, which will be outlined by the 4-H professionals and/or trained volunteers prior to and during the activities. I have also advised my child to follow all posted directions and instructions at the firing range and during any activity there.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so despite the possible risks. I recognize that by participating in this activity, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

_____________________________________________      _______________________
Parent/Guardian’s Signature      Date

_____________________________________________      _______________________
4-H member’s Signature      Date
Fayette County 4-H Shooting Sports Team Member Responsibility

All member’s parents and members are responsible for the following guidelines regarding Fayette County 4-H Shooting Sports participation. The parent will need to sign the following agreement to determine your child’s active status as a member of the Fayette County 4-H Shooting Sports Team.

“I hereby acknowledge and agree that all injury or damage inflicted or cause by any shooting sports equipment owned by or being used by me (parent / guardian) or my child at any meeting help by the Fayette County 4-H Shooting Sports Team is my responsibility and shall not be the responsibility or result in liability of the Fayette County 4-H Shooting Sports Team or any instructor or assistant instructor.

I further acknowledge and agree that no other member, instructor, or any other person directly involved with the Fayette County 4-H Shooting Sports Team shall be responsible or liable for injury or damage to me or my child’s person of for injury to my property. I understand it is my and my child’s responsibility to obey the rules of the range; I, and my child, also understand that it is my responsibility to replace all lost and damaged equipment, due to improper handling or care, of the Fayette County 4-H Shooting Sports Team.

I, and my child, also agree to observe and be bound by the meeting rules formulated by the Fayette County 4-H Shooting Sports Team and the Fayette County Cooperative Extension Service.”

Signature of Parent / Guardian_________________________________________________

Signature of Participant_____________________________________________________

Date___________________________
Fayette Co. 4-H
Enrollment Form

First Name: ___________________________ M.I.: __
Last Name: ____________________________
School: ___________________________ Teacher: __________
Birthday: ___/____/_____ Age: _______ Grade: ______
Parent's/Guardian E-mail: ___________________________
Parent/Guardian Phone #: __________________________
Parent/Guardian Cell Phone #: _______________________
Mailing Address: ___________________________________
City: __________________________, KY Zip _________
How many years have you been with 4-H? __________

Gender:  ○ Male  ○ Female
Military:  ○ YES  ○ NO  Branch: ________________

Ethnicity (check one):  ○ Hispanic
Non-Hispanic
Race (Check all that apply):
○ White
Black
Alaskan/American Indian
Asian
Hawaiian/Pac. Island

Residence (check one): You live:
○ On a Farm  ○ Out in the Country  ○ City
Do you have any special needs?  ○ Yes  ○ No
If yes, describe any accommodations needed:

T-Shirt Size: _________________________ (please indicate if it is
"Child" or "Adult" size, example: Lg./Child)

Please RETURN COMPLETED FORM To:
Fayette County 4-H
1140 Harry Sykes Way
Lexington, KY 40504
Phone: 859 257-5582 - Fax: 859 254-3697
website: http://fayette.ca.uky.edu/

What are YOU interested in:
Please check all 4-H Clubs that you are currently involved in or
would like to join.

4-H CLUBS:
○ Clover Bud
○ Country Ham
○ Dog
○ Homeschool
○ Horse
○ Livestock (Lamb, Goat, Beef & Hog)
○ Rabbit
○ Sewing
○ Shooting Sports

ACTIVITIES:
○ 4-H Summer Camp
○ County Fair Qualifying Day
○ Day Camp
○ Project Workshop
○ Speeches/Demonstrations

PROJECTS:
○ Babysitting
○ Citizenship
○ Clothing (Sewing)
○ Consumer Education
○ Creative Crafts/Arts
○ Crochet/Knitting
○ Electric
○ Food/Food Preservation
○ Horticulture/Gardening
○ Leadership
○ Natural Resources (Entomology (insect), Forestry, Geology)
○ Photography
○ Rocketry
○ Science, Engineering and Technology

MIDDLE/HIGH SCHOOL OPPORTUNITIES:
○ Camp Counselor
○ District Teen Retreat
○ Food Engineer
○ Issues Conference
○ KY Teen Summit
○ Style Engineer
○ Teen Cub
○ Teen Conference

Please complete all forms before returning to the 4-H Office.

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the bases of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546

Disabilities accommodated with prior notification
**4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)**

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

### Name: ____________________________ County/District: __________________________________________

**Last First**

### Address: ____________________________________________

Birth date: ___________ Age: ________

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<thead>
<tr>
<th></th>
<th>Youth</th>
<th>Female</th>
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<tbody>
<tr>
<td></td>
<td>Adult</td>
<td>Male</td>
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City: ___________ State: KY Zip: _______ Email: ___________ Home Phone: ___________ Farm: ☐ Yes ☐ No

**Race:** ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander ☐ Hispanic ☐ Non-Hispanic

Grade: ___________

### Emergency Contact #1: __________________________ Phone ☐ H ☐ W ☐ C __________ Phone ☐ H ☐ W ☐ C __________

### Emergency Contact #2: __________________________ Phone ☐ H ☐ W ☐ C __________ Phone ☐ H ☐ W ☐ C __________

### Name of Family Doctor: __________________________ Doctor’s Phone: __________________________

### Health Insurance Company: __________________________ Policy #: __________________________

### Name of Policy Holder/Relationship to Participant: __________________________ Member ID: __________________________

#### HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check “Yes” or “No” to each item. Please explain any “yes” answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1) Asthma</td>
<td>☐</td>
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<tr>
<td>2) Bronchitis</td>
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<td>3) Convulsions</td>
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<td>4) Diabetes</td>
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<td>5) Ear Infection</td>
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<td>6) Fainting</td>
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<tr>
<td>7) Heart Condition</td>
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<td>8) Headaches</td>
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<td>9) Hypoglycemia</td>
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<tr>
<td>10) Serious Allergy to Insects</td>
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<tr>
<td>11) Wear Glasses/Contacts</td>
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<td>12) Other Conditions</td>
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<tr>
<td>13) Drug Allergy (please explain)</td>
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<tr>
<td>14) Food Allergy (please explain)</td>
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<td>15) Other Allergy (please explain)</td>
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Please Explain Any “Yes” Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

- ☐ Antihistamine Pill
- ☐ Acetaminophen (Tylenol)
- ☐ Antacid
- ☐ Decongestant
- ☐ Ibuprofen (Advil)
- ☐ Dramamine
- ☐ Hydrocortisone Cream
- ☐ Polysporin (topical antibiotic)

#### MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. SIGNATURE OF PARENT/PARTICIPANT: __________________________ DATE: __________________________

#### PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF PARENT: __________________________ NO, I do not permit.
4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. Failure to comply with the Code of Conduct by 4-H’ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:

- Sent home from the activity or event at his/her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

I, __________________________, have read the Code of Conduct and agree to abide by its rules.

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer __________________________ County __________________________
Parent/Guardian __________________________ Date __________________________