

LAFAYETTE COUNTY 4-H SHOOTING SPORTS COUNTY MATCH REGISTRATION FORM

NAME _____

DEADLINE DATE – June 1, 2009

MAILING ADDRESS _____
City Zip

4-H AGE _____ (As of January 1, current calendar yr) DATE OF BIRTH _____

CERTIFIED LEADER(S) signature for disciplines entered, verifying member has met project requirements.

Discipline _____ Signature _____

Discipline _____ Signature _____

Discipline _____ Signature _____

Special Needs/Accommodations for shooting? (circle) YES Please list special needs and suggested accommodations on a separate piece of paper and attach to this form.

CIRCLE APPROPRIATE AGE Division (4H Age as of 1/1/09) YOUTH (8-10) JUNIOR (11-13) SENIOR (14-18)

Maximum of 3 shooting events for all age divisions (may add Hunting Skills for a third event if enrolled)

DISCIPLINE	EVENT	✓ IF ENTERING	SHARED EQUIPMENT?	IF YES, Whom? name of person
ARCHERY	Freestyle Recurve/Longbow (with acc)		YES NO	
	Traditional Recurve/Longbow (no acc)		YES NO	
	Compound-Fingers (no releases)		YES NO	
	Compound-Release aids		YES NO	
AIR RIFLE	BB-Any rifle (NO SENIORS)		YES NO	
	Pellet –Standard (open sights)		YES NO	
	Pellet-Target (aperture sights)		YES NO	
.22 RIFLE	Standard (open sights) 4p		YES NO	
	Target (aperture sights) 4p (NO SR)		YES NO	
	Target (aperture sights) 3p (NO YTH)		YES NO	
MUZZLE LOADING** (indicate below)	Muzzle Loading Rifle (NO YOUTH)		YES NO	
SHOTGUN* (indicate gauge below)	Trap (NO YOUTH)		YES NO	
PISTOL	Air Pistol		YES NO	
	Small-bore Pistol (SENIOR ONLY)		YES NO	
HUNTING SKILLS				
**FOR MUZZLE LOADING PARTICIPANTS				

.45 caliber _____

.50 caliber _____

***FOR TRAP PARTICIPANTS**
 Check appropriate gauge of shotgun to be used:

12 GA # _____

16 GA # _____

20 GA # _____

28 GA # _____

Please make sure you have paid your Range

Masters fees. They are important for us being able to purchase targets and other equipment.

Please bring a lawn chair, water and have a

FUN DAY!!!

RETURN TO: Lafayette County Extension Office, 14 E 19th, Suite 102, Higginsville MO 64037 by June 1.

Parent/Guardian Signature _____ Date _____



Missouri 4-H
University of Missouri
4-H Center for Youth Development

4-H Youth Health Statement, Parent Consent and Event Acceptance Form
Complete the Entire Form (both front and back) – Do not alter the form in any manner.

Event _____ Date(s) of Event _____

Name _____

Age _____ Male Female Birth date _____

Social Security # _____ County _____
(Required for Medical Purposes)

Address _____

City _____ State _____ Zip _____

Home# _____ Work # _____ Cell # _____

Insurance Co/Policy # _____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Address & Phone #: _____

Parent(s)/Guardian(s) _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Family Physician _____

Office # _____ Home # _____

PLEASE COMPLETE

For health or safety reasons, every person attending this event must submit a completed health form prior to the beginning of the program. Please read and answer the following questions. Any "yes" response will require an explanation.

1. Will your child be bringing any type of medication to this event? Yes No _____
2. Does your child have any allergies? Yes No _____
3. Describe any special needs (medical, physical or mental challenges) we should be aware of?

4. Does your child have any special dietary needs? _____
5. Date of last Tetanus immunization? _____
6. May your child be given pain relievers (i.e., Tylenol, Motrin, etc.)? Yes No

If necessary, I do approve of officials taking my child, _____, to the nearest doctor or hospital. I further understand that should health problem arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

EVENT ACCEPTANCE:

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct: 1. Participate fully in all sessions. 2. Show respect for property/facilities used during the event and assume financial responsibility for any damages they cause. 3. Observe the established agenda, including being in their own rooms at the announced curfew. 4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. is prohibited. 5. No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

We understand and accept the responsibility for following the above guidelines, and understand that failure to do so will result in dismissal from the event or activity. Further, we accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from violation of this agreement. We understand and agree that in consideration of the acceptance of my child in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents, and/or employees from all liability and loss (including court costs and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to me or my child in the course of these events. We will be bound by all rules and regulations while participating in said events.

Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, the parent/guardian signature must be witnessed by the Notary Public. I understand if I do not have this health statement and consent form notarized, it could cause a delay in the treatment of my child.

Youth's Signature Date

Parent/Guardian's Signature Date

STATE OF MISSOURI, COUNTY OF _____

My Commission Expires: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public Signature

PHOTO POLICY:

Public Relations are an important part of the Missouri 4-H Program. Images (including photographs and video) are used in various print and electronic media to recognize members for their work and to let others know what is happening in 4-H. Should you prefer that your child's image not be taken at 4-H events, we want to work with you to keep his or her image from being taken. Because there are so many youth involved in the 4-H program, we cannot assure you that your child's image will not be taken. We will ask 4-H staff to honor individual requests Please visit with your children about your wishes and encourage them to let staff know that they request their images not to be taken. Should an image of your child be made and used against your wishes, please let us know so that we will not use it again in the future.

4-H/MU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local Extension Office or call 573- 882-7430. The University of Missouri – Columbia complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs