



Paulding County 4-H Shotgun Team



Parents and 4-H'ers,

Thank you for your interest in the Paulding County 4-H Shotgun team. The Paulding County 4-H Shotgun team is a part of Georgia 4-H Project. S.A.F.E. Project S.A.F.E. (Shooting Awareness, Fun and Education) is an active program, attractive to youth and adult audiences. The program is curriculum based and designed to assist young people in personal development, establish a personal environmental ethic and explore life-long vocational and avocational activities. The program uses experiential learning and positive interactions with youth and adult role models to help young people develop self-concept, self-assurance and a positive self-image.

Please see the following important information in regards to the Paulding County 4-H Shotgun Team and registration:

- Grade Eligibility: 6th – 12th grade. If team interest exceeds coaching availability, team try outs will be conducted.
- Shooter Fee: \$250 per 4-H'er. Team fees due before 2/26 practice. Can be paid in office M-F, 8-5 PM (closed 12:00-1:00 PM)
- Practice Days and Location: Sundays, Wednesdays, Douglas County 4-H Range.
- Season: January-May.

Georgia 4-H Project S.A.F.E. and National 4-H Shooting Sports Code of Ethics

A complete 4-H shooting sports program must convey life skills development and be presented in a way that is safe, technically competent, and helps to instill 4-H values in participants through teaching and example. Certified shooting sports instructors and volunteers must be cognizant of their role as a moral and ethical mentor, as well as teacher to youth and adults in their state and community.

As a 4-H Shooting Sports Instructor or Volunteer:

- I will respect the participants, volunteers and property associated with the 4-H shooting sports program.**
- I will set a good example as a mentor and role model for 4-H shooting sports youth and volunteer leaders.**
- I will conduct myself and my 4-H shooting sports program in a professional and ethical manner.**
- I will strive to be knowledgeable of the life skills embodied in the 4-H shooting sports program and aid positively in the development of youth through adherence to those principles.**
- I will strive to be technically competent in the subject matter I teach and adhere to the national 4-H shooting sports guidelines and curriculum.**
- I will respect the dignity of each participant in the 4-H shooting sports program regardless of gender, origin, ability, achievement or conviction.**

Enrollment Form for Paulding County 4-H

School: _____ Grade: _____ Birthday: _____ / _____ / _____
month day year

Last Name: _____ First Name: _____ Preferred Name: _____
(used at school)

Home Address: _____ City: _____ Zip: _____

Gender (circle one): Boy Girl Residence (circle one): Farm Rural (under 10,000) Town (10,000-50,000)

Racial Classification (circle all that apply): White African-American/Black American Indian Asian Pacific-Islander

Hispanic ethnicity: Yes ___ No ___ Military family (immediate family, active, or retired): Yes ___ No ___

Parent E-mail that is frequently checked: _____ (Please print clearly)
E-mails will keep you informed of what is happening in your child's 4-H classroom club. E-mails will not be sold or shared.

Parents/Guardians you live with:

Last Name: _____ First Name: _____ Phone: _____
Male Female (circle one) How are you related to child? Parent, Grandparent, Step-parent, other _____

Last Name: _____ First Name: _____ Phone: _____
Male Female (circle one) How are you related to child? Parent, Grandparent, Step-parent, other _____



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GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____	County _____	
Address: _____	Phone _____	
School: _____	Grade: _____	Year: _____

BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

If 4-H'ers are found participating in actions listed below, during 4-H events, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident. In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

4-H'ers who participate in these actions outside of the program may also be removed, suspended, or expelled from future 4-H participation.

If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Possession or use of e-cigarettes or other vaping devices
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks
- Distribution, misuse, or abuse of over-the-counter, homeopathic, including supplements and vitamins, or prescription medications

PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature

Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

Parent/Guardian Signature

Date

Phone

VALID FOR ONE YEAR FROM DATE OF SIGNING

Revised June 2019



Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.



EVENT: _____ Date(s) of EVENT: _____

4-H'ers Information

Name _____ County _____

Address _____

Date of Birth _____ Grade _____ Gender _____ Preferred Phone _____

Parent/Guardian Information

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Email Address: _____ Text: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Medical Information

*The following information is requested in case of accident or illness to better treat your child.
The information is optional and not required for participation.*

Name of Physician: _____ Phone: _____

Date of Last Physical Examination: _____ Drug Allergies: _____

Other Allergies: _____

Describe any recent illness or injury: _____

Describe any pre-existing conditions: _____

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature

Date

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ **County** _____

Parent/guardian should list any over-the-counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
Yes No *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
Yes No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
Yes No
4. Sore throat relief spray for sore throat
Yes No
5. Cough Drops for coughing
Yes No
6. Itch and rash relief cream/ointment for minor skin irritations
Yes No
7. Lubricating eye drops for eye irritations
Yes No
8. Oral pain relief gel for tooth/mouth discomfort
Yes No
9. Triple antibiotic ointment for minor skin abrasions/wounds
Yes No

Please list any prescription, over-the-counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of _____ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

Parent/Guardian Signature

Date