

BLECKLEY COUNTY 4-H
S.A.F.E. (Shooting Awareness Fun and Education) Archery Program
INFORMATION SHEET

PURPOSE: To provide young people with opportunities to develop life skills, self-worth, and conservation ethics while learning marksmanship, the safe and responsible use of firearms, the principles of shooting, and much more.

ELIGIBILITY: Cloverleaves (5th / 6th graders), Juniors (7th / 8th graders) & Seniors (High School)

FEES: **Registration** – \$100.00 - includes targets, instructional material, Indoor State Competition fee and shooting jersey. (Make checks payable to Bleckley Co. 4-H)

Outdoor – \$30.00 (in addition to the \$100 registration fee)

PRACTICES: Begin on Oct 9th, and practice will be held every Monday and Thursday from 6:00-7:30. Practices are held at the old High School gym.

REGISTRATION

DEADLINE: September 29th – Must have commitment and payment by this date.
(You will not be allowed to practice until registration is complete!)
October 9th – Must have equipment

DISCIPLINE - REMOVAL FROM THE TEAM:

1. Horse-play of any kind at practice or competition events
2. Disrespect to teammates, other competitors, volunteer leaders, parents or coaches.
3. Continued severe or blatant safety violations

REQUIRED EQUIPMENT:

1. Compound Bow with metal cams
2. 12 Arrows – 5 g per lb. of draw weight
3. Ground or hip quiver
4. Release
5. Arm guard and chest protector – optional

*****If you have a bow, please talk to a certified coach to determine if your bow meets competition regulations. If you do not have a bow and/or are considering purchasing one, please discuss this also with a certified coach.***

GENERAL INFORMATION:

1. Shooters are required to bring their own compound bow to practice.
2. Grades 5-8 will shoot FITA rounds; Grades 9-12 will shoot FITA rounds, 3D Targets and Field Targets.
3. One certified coach is required for each 10 registered shooters.
4. **An adult is required to attend with each shooter at every practice.**
5. Parents will be expected to assist in various activities throughout the season.
6. The State Indoor match will be held on Jan 12-13 in Perry, GA.
7. The State Outdoor Archery tournament is April 28 at Rock Eagle.
8. Competition and program guidelines can be found at <http://www.georgia4h.org/safe/default.htm>.
9. If you have any questions, contact the Extension Office at (478) 934-3220 or one of the coaches below.
10. Certified coaches and contact information are listed below.

CERTIFICATION:

Every student and a parent/guardian **must** sign and return the 4-H S.A.F.E Archery Program Informed Consent form before being allowed to participate.

Jeffrey Skipper 478-308-0187

Stephen Sapp 706-816-5804

Josh Graham 478-230-5202

Scott Jackson 478-609-1780

Cal Pipkin 478-609-3283

Dusty & Tammy Yearty 478-230-9600

ARCHERY RANGE RULES

1. Know and obey all range commands.
2. Keep your arrows in your quiver until you are told to shoot.
3. Only use your arrows. Remember what they look like.
4. Always keep your arrows pointed down or towards the target. Shoot only at your target.
5. If you drop an arrow, leave it on the ground until you are told to get your arrows.
6. Always walk at the archery range.

ARCHERY RANGE WHISTLE COMMANDS

Two Blasts – “Archers to the shooting line.”

One Blast – “Begin shooting.”

Three Blasts – “Walk forward and stop at the target line until told to get your arrows.”

Four or more Blasts (series of blasts) – “STOP SHOOTING IMMEDIATELY and put your arrows in your quiver.”

ARCHERY RANGE PROCEDURES

Wait behind the waiting line until you hear 2 whistles or “Archers to the shooting line”. Pick up your bow and straddle the shooting line.

Keep your arrows in your quiver until you hear 1 whistle or “Begin shooting”.

After you have shot all of your arrows, step back from shooting line, set your bow on the rack, and wait behind the waiting line.

After everyone is done shooting and behind the waiting line, the instructor will blow the whistle 3 times. “Walk forward and stop at the target line. Wait for scoring before getting your arrows.”

PULLING YOUR ARROWS

Two archers at a time, from each target, may go forward from the target line to pull their arrows.

Stand to the side of the target, and make sure that no one is standing behind your arrows.

Pull your arrows out one at a time, and put them in your quiver.

After you have pulled all of your arrows, return to the waiting line.

BLECKLEY COUNTY 4-H
S.A.F.E. (Shooting Awareness Fun and Education) Archery Program
2017-2018 REGISTRATION
(Please Print)

STUDENT NAME: _____
(First Name) (Last Name)

ADDRESS: _____
(Street, Route or P O Box)

(City) (State) (Zip)

DATE OF BIRTH: ___/___/___ **Age:** ___ **SCHOOL GRADE:** ___
(Mo) (Day) (Year)

STUDENT SHIRT: Adult size: 2XL() XL() L() M() S() XS()
Youth Size: L() M() S() XS()

PARENT/GUARDIAN CONTACT INFORMATION

Relationship: _____ **Name:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Relationship: _____ **Name:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Relationship: _____ **Name:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

CERTIFICATION:

I have read, understand and agree to the requirements as outlined in the Bleckley County S.A.F.E program information provided by program administrators. I understand that more specific information is available on the 4-H S.A.F.E. website at <http://www.georgia4h.org/safe/default.htm>

Parent/Guardian Signature

4-H Member Signature

REGISTRATION FEE: \$100 Payable to Bleckley Co. 4-H by Sep. 29
(fee covers targets, instructional materials, jersey and indoor competition fees)

_____ Paid Cash/Check Date _____ Received by _____

BLECKLEY COUNTY 4-H
S.A.F.E. (Shooting Awareness Fun and Education) Archery
INFORMED CONSENT

I, _____, am the parent/legal guardian of and responsible for

_____ who is enrolled in the 4-H S.A.F.E. Archery Program of Bleckley

County, Georgia. I am aware, understand and accept the program and its continuing curriculum.

My child is enrolling in the Archery Discipline of the 4-H Shooting Sports Program. As an enrollee in this discipline, I am aware of the sporting equipment involved, circumstances of its use and consequences of its misuse. I am aware of the fact that there is a potential physical danger to my child if precautions, safety and training are not provided and followed. With respect to this potential danger, those volunteers who are coaching and providing the instructional training will deem it necessary to instruct and discipline from time to time for the best interests of all involved. The foremost concern is safety with skill attainment and enjoyment second.

I am aware and understand that my child from time to time will be touched, moved and held in a manner to assist positioning, balance and comfort, and to provide continuity in curriculum training for the discipline being taught.

I am also aware that even though my child enrolls in the 4-H Group Accident Policy, this may not be adequate insurance coverage. I understand I may provide added coverage for accident and liability at my own expense.

I, therefore, am aware of the program, instruction and training being taught, requirements of the shooting discipline, the risks involved, and the potential dangers if safety is not followed.

Parent/Legal Guardian Date

4-H Student Date

4-H S.A.F.E. Archery Coach

Bleckley County Extension Agent

(This form must be completed, signed and returned to the local County Extension Office before youth will be allowed to participate in 4-H Shooting Sports Program/Event)

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



EVENT: Archery Date(s) of EVENT: Sep 2017-April 2018

4-H'ers Information

Name _____ County Bleckley

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 Bleckley

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 or over the counter 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.

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.

Parent/Guardian Signature

Date

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, 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

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
- 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

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 hereby grant permission 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

Phone

VALID FOR ONE YEAR FROM DATE OF SIGNING



Revised 6/2016