



Pike County 4-H Shotgun Team Registration Form

Registration Fee: \$125.00

Make check payable to: Pike County Extension/4-H



Please Print:

Name of 4-H Shooter _____

Address _____

City _____ GA ZipCode _____

Home Phone _____ Student Cell _____

School _____ Grade _____

Date of Birth _____ Age (as of Sept. 1st) _____

Shirt Size (circle one) ADULT: XS S M L XL XXL XXL

E-Mail address most often checked and most reliable for response:

Print clearly: _____

Parent/Guardian Information: (with whom student resides)

Parent Name _____

Work Number _____ Cell Number _____

Parent Name _____

Work Number _____ Cell Number _____

Office Use Only:

Registration Fee Paid: _____ Form of Payment: _____ Date: _____ Staff: _____

Hunter Safety Card _____ Code _____ of _____

Conduct _____

Medical/Medication Release Form _____

Shotgun Team Agreement _____

Participant/Parent Contract _____

Property Waiver Release _____

GA-4H Waiver _____

Teen Driver Waiver _____ (only if applicable to your student)



Pike County 4-H Shotgun Team Agreement



I, _____, understand that, as a member of the Pike County 4-H Shotgun Team that I am to abide by the following.

- Safety is the number one consideration in the 4-H SAFE Program. The Range Officer or any safety officer may eject any shooter, coach or spectator for unsafe actions or behavior at any time during the practice with no warning or appeal.
- **All shooters must have successfully completed the Georgia Hunter Safety Program. One coach per team or one coach per individual must be certified by Project SAFE.**
- All shotguns and ammunition will be cased or boxed and secured by a certified coach until ready to move to the firing range and after practice is over.
- Ammunition will remain in a closed box until time for the 4-H'er to shoot. A coach will hand one shell at a time to the shooter on the firing line.
- The next two shooters in rotation will be scoring and 'on-deck' waiting their turn and ready to go. The 'on-deck' shooter's ammunition should be placed on the scorer's table and collected when it is their turn to shoot.
- The coach will be in charge at all times during the match. Failure to heed the Coach's instructions immediately will be grounds for ejection from the practice and removal from the range.
- All shotguns will be placed at a designated place at the firing range and will remain there until the shooter is told to approach the firing line. **Only a coach is allowed to transfer a shotgun** from the designated gun storage area to the firing line and back to the designated area. All guns must have the action open while being transferred to the firing line. The only time a shooter may handle an uncased shotgun is while at a shooting station on the firing line. Violation of this rule will be grounds for ejection from the practice and the removal of any shooter, coach, or spectator from the range with no warning or appeal.
- All shooters, trap operators, coaches, scores/line judges, scorekeepers, range officers, and safety officers will wear hearing and eye protection at all times while on the firing line.
- An adult coach will stand behind the shooter to monitor safety. The coach will load the shotgun or hand shotshells (one shotshell only when shooting singles and two shotshells only when shooting doubles) to the shooter. After the trap operator says, "ready" the shooter will say "pull" to call for a target.

By signing this, I agree that if any violation of the rules stated above permits immediate ejection from the activity or other action deemed necessary by the 4-H staff.

4-H'ers Signature

Parent or Guardian's Signature



Project S.A.F.E. – Modified Trap Participants and Parent Contract



In order for the Project S.A.F.E – Modified Trap to be both rewarding and safe experience, 4-H'ers must abide by the Rules and Regulations set forth by the Club. They are as follows:

1. Saturday practice attendance is required for club members. A member with more than three (3) unexcused absences may be suspended from the club. Contact the 4-H office or the head shotgun coach prior to a scheduled practice if you need to be absent.
2. Members must follow the directions and safety standards set by the coaches, the Georgia 4-H Code of Conduct and all range guidelines and safety procedures. Failure to follow instructions can result in suspension from the club.
3. Horseplay and other unsafe behavior will result in suspension from the club.
4. Teams will be designated by the coaches. Members must qualify at a district qualification match in order to participate in the target sports weekend (state match).
5. In the event that a 4-H'er decides to quit or is suspended from the Shotgun Team, registration fees will not be refunded. This is necessary since supplies will be purchased in advance for each 4-H'er.
6. 4-H'ers are not allowed to transport equipment to and from practice sessions without being accompanied by an adult unless granted permission. An adult (parent or guardian) must accompany 4-H'ers for all practice sessions unless instructed otherwise.
7. In all circumstances, shooters, parents and coaches are responsible for their actions and upholding the standards of the Georgia 4-H Project S.A.F.E. Program. All of us are expected to behave in a manner suitable for the promotion of a 4-H youth development program, high ideals and the promotion of shooting sports as a safe and respectable recreation activity. Cooperation, self-control, self-discipline and high standards of sportsmanship are expected at all times.
8. I am aware of the sporting equipment involved and the potential physical danger if safety and training are not followed. With respect to this potential danger; those volunteers that 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.

As a member of the Pike County Shotgun Team, I have read and understand the above rules and regulations and agree to abide by them. I have also read and understand the Georgia 4-H Code of Conduct, and the Safety Procedures. I agree to abide by all rules and regulations regarding the Project S.A.F.E. Program or I forfeit the right to participate in project activities.

(Signature of 4-H'er)

(Date)

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

I certify that my child and I have read and understand the above rules and regulations, the 4-H Code of Conduct and the Safety Procedures. I understand that in order for my child to participate in Project S.A.F.E. activities, I must accompany them to every event.

(Signature of Parent)

(Date)



GEORGIA 4-H SHOOTING SPORTS PARENTS OR GUARDIANS AGREEMENT OF
WAIVER OF LIABILITY INDEMNIFICATION AND MEDICAL RELEASE

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in Georgia 4-H shooting sports.

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- A. Waive, release and discharge the State of Georgia, and its officers, agents, employees and 4-H volunteers from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate; and
- B. Indemnify and hold harmless the State of Georgia, and its officers, agents, employees and 4-H volunteers from and against any and all liabilities, damages, expenses, and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident or illness during this activity or event. The undersigned also certifies that participant is covered by the following health insurance policy.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above release.

Name of Minor

Age

Name of Parent or Guardian

Medical Insurance Company

Policy #

Parent Signature

Date

**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.*



Pike County 4-H Shotgun Team
Waiver – Release Agreement



PLEASE READ CAREFULLY

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:
Chestnut Oak Center has agreed to allow the Pike County 4-H Shotgun Team to use its property for shotgun practice. I agree to respect this property, agree to follow all safety rules with the shotgun program, and agree to be on the property only under a Pike County 4-H certified shotgun coach's supervision at assigned practice times. If I refuse to follow the safety rules, I understand that I will be asked to leave immediately. NO EXCEPTIONS. I will be under direct adult supervision from the certified shotgun coach while on this property.

I understand that there are inherent risks and dangers in my use of any shotgun equipment and that my participation on the Pike County 4-H shotgun team may result in injury, illness or death due to accidents, the forces of nature, or other unforeseeable causes. Such injuries include, but are not limited to, the risk of serious injury or death.

I hereby assume responsibility for all risks and dangers occurring during my participation in any activities and/or use of equipment and facilities. I accept all responsibility for any losses and or dangers whether caused in whole or in part by the negligent acts or omissions, intentional or reckless misconduct, or gross negligence of any other person. I, on behalf of myself as my own personal representative, and my parents/guardians, and heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Chestnut Oak Center, and its officers, employees, or family members, volunteer leaders, agents, and contractors from any and all claims, actions, or losses resulting from death, bodily injury, property damage, wrongful death, loss of service, or otherwise which may arise out of my use of the equipment and facilities, and the participation in shotgun activities. I am voluntarily participating in these activities and hereby agree to accept full responsibility for all the risks involved.

I have carefully read and understand the above waiver/release statement. I hereby accept and agree to the above waiver/release statement and regard this document as legal and binding. I understand that I have given up substantial rights by signing this document and am signing the document voluntarily.

4-H'er Name _____ Date _____

4-H'er Signature _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____	County <u>Pike</u>	
Address: _____	Phone: _____	
School: _____	Grade: _____	Year: <u>2024</u>

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 4-H PROGRAM YEAR (AUGUST 1 - JULY 31)

Revised MAY 2021



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



EVENT: Shotgun Practice Date(s) of EVENT: 2024

4-H'ers Information

Name _____ County pike

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 cannot 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. 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. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. 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 Consent 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 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
5/2021

PLEASE COMPLETE BOTH SIDES

Date _____

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ County pike

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

5/2021

PLEASE COMPLETE BOTH SIDES