



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

Disabilities accommodated with prior notification. 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 Names will not be published.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

XX Signed \_\_\_\_\_ Date \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_
(Parent or Guardian)

Relationship \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

XX Signed \_\_\_\_\_ Date \_\_\_\_\_
(Child)

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

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_





**Reply to:**

**Cooperative Extension Service**  
*Fayette County Extension*  
1140 Red Mile Place  
Lexington, KY 40504-1172  
(859) 257-5582  
Fax: (859) 254-3697  
[www.ca.uky.edu/fayette](http://www.ca.uky.edu/fayette)

**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 archery 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 \_\_\_\_\_



Permission to Participate  
Fayette County 4-H Shooting Sports  
November 2011 – October 2012

I give permission to my child, \_\_\_\_\_, to participate in the Fayette County Shooting Sports program during 2011 - 2012 at Stivers Farm, located near Athens, 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

*Educational programs of the Kentucky Cooperative Extension Service shall serve all people regardless of race, color, age, gender, religion, disability or national origin.*

Youth Protection / Risk Management Update, 2008 Regional Extension Conferences