

National 4-H Shooting Sports Workshop Registration Adult Consent and Release Form

Participant (please print):

Last Name _____ First Name _____

Telephone Number _____

Address _____ City _____ State _____ Zip _____

Workshop/Activity	National 4-H Shooting Sports Workshop	Yes No		Participant
Date of Workshop	May 7-12, 2006	Yes No	Committee member	Yes No Instructor

I _____ hereby confirm that I am the above named person. I confirm that I plan to attend the above workshop/activity and all related workshops and activities. I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may accrue against the **National 4-H Shooting Sport Foundation, National 4-H Shooting Sports Committee, Kansas State University or Rock Springs 4-H Center**, their representative agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored events. In case of emergency, I understand that every effort will be made to contact my emergency contact person, In the event the contact person cannot be reached, I hereby give permission to the physician selected by the event leader to hospitalize and secure proper treatment (including surgery) for myself. I understand, and give my consent, that any photos taken of myself participating in a 4-H event may be used in future extension and/or shooting sports publications or printed promotional materials. I have read, understood and agree to the above statement and do sign this agreement of my own free will.

Signature _____

Name of emergency contact person (please print): _____

Relationship: _____

Emergency Day Phone _____

Emergency Night Phone _____

National 4-H Shooting Sports Adult Participant Health Form

(Please check appropriate box)

(ONLY ONSITE EMERGENCY PERSONEL WILL HAVE ACCESS TO THIS
INFORMATION)

Name _____ Age _____ Date of Birth _____

Address _____

Do you have any complaints or illness at this time? Yes _____ No _____ If yes, please explain.

Are you taking medications? Yes _____ No _____ If yes, please explain

Are you on a special diet? Yes _____ No _____ If yes, please explain.

Do you have the following?

____ Diabetes? Are you taking insulin? What type and dosage?

____ Asthma? Do you carry an inhaler?

____ Allergy? To what?

Last tetanus shot? _____

there conditions or comments? _____

Physician's name and phone number: _____

Health Insurance Carrier and Group/Policy Number: _____

This form can be filled out on your computer. It is set up in tables in Word. To move through the form just use your arrow keys or mouse. You can move in a table with the tab key but not from table to table. Click on Tables, then show/hide gridlines to set your preference for viewing.

National 4-H Shooting Sports Workshop (North Central Region)
North Dakota, South Dakota, Minnesota, Wisconsin, Iowa, Nebraska,
Kansas, Missouri, Illinois, Indiana, Michigan
Application/Registration Form

Return completed application with full payment to your State 4-H Shooting Sports

Your shooting sports coordinator is:	<i>(Insert the contact information for your state 4-H Shooting Sports Contact here)</i>
	Phone: _____ Fax: _____
	E-mail: _____

Coordinator. Registration is complete when forms and full payment is received. Registration is on a first come, first serve basis. State Coordinators return completed applications to **Jim Simms, Rt. 1 Box 537 C, Mt. Clare, WV 26408**

Name: ___ Mr. ___ Ms. ___ Mrs. _____

Street _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Business _____ Fax Number: _____

Cell Phone: _____ E-mail: _____

Gender (please check) ___ Male ___ Special Diet _____

The 2006 Northcentral Region 4-H Shooting Sports Workshop will be held at Rock Springs 4-H Center near Junction City, Kansas approximately two hours west of Kansas City.

Registration fees and deadlines as follows:

Up to February 1 - \$225 per person

February 2 – March 15 - \$275 per person

After March 16 - \$325 per person

In order for a participant to attend a regional/national 4-H shooting sports workshop, he/she must meet the following guidelines:

1. Have state level certification in the discipline in which they are enrolling.
2. Have a minimum level of experience in the discipline to be determined by each discipline instructors.
3. Have interest in 4-H and youth development.
4. Endorse the train-the trainer concept in basic shooting skills.
5. A participant may only attend two (2) workshops within a five (5) year period with the exception that a participant may attend a third workshop in the coordinators class.
6. Must have previous experience teaching youth and/or adults in your respective State.

Please rank your first, second, and third choice of discipline area (*note: you will participate in only one discipline throughout the entire week long training*):

_____ Archery

_____ Pistol

_____ Rifle

_____ Shotgun

_____ Hunting

_____ Black Powder/Muzzle Loader

_____ Coordinator

_____ Re-loading

_____ Living History

_____ **Coaching Shotgun** (Pre-Requisite: Must be state-certified in basic shotgun and have at least two years experience teaching shotgun in a 4-H program at the county or state level. Must have prior approval from State Coordinator.)

I understand that if I attend this workshop, I will assist with at least one state level 4-H Shooting Sports Training workshop for leaders in my state each year for the next three years.

Signature of Applicant _____

Check one below

_____ Participant

_____ Instructor

_____ Committee member

_____ Sponsor/donor

Shooting Background

Do you have hunting experience? ___ Yes ___ No ___ Number of Years

Types of Hunting:	
Specialized Training:	
Honors/Recognition:	

Competitive Experience

Do you have competitive experience? ___ Yes ___ No ___ Number of Years

Disciplines:	
Past/Present Classifications	
Specialized Training:	
Honors/Recognition:	

Community Activities

Please list your participation in community activities and organizations, and offices or leadership positions held.

Organization or Activity	Offices/Leadership Positions Held	Honors/Recognition

Hobbies/Other Interests

Describe any other interests, skills, or hobbies you enjoy.

References

Please list two references who will endorse your qualifications.

Name	Address	Phone

Registration fees and deadlines as follows:

Up to February 1 - \$225 per person

February 2 – March 15 - \$275 per person

March 16 - May 1 - \$325 per person

Please pay by check, Money Order, Purchase Order, American Express, Discover, Visa, or Mastercard. Checks should be made payable to “National 4-H Shooting Sports Foundation.” Registration fee is based on when application and payment are postmarked.

Cancellation/Refund Policy

If you need to cancel your registration for any reason the following policy applies. Before April 15 ----- 50% of registration fee will be refunded (No refund will be issued until after all workshop expenses have been paid.). April 16 and later, no refund will be issued.

Registration may be transferred to another person if we are notified at least two weeks in advance of the training. The new person will need to fill out all forms.

Participants at a national workshop must have the recommendation of their State 4-H Shooting Sports Coordinator.

Method of Payment (Do Not Send Cash)

Check/Money Order	Purchase Order	Visa (13-16 numbers)	MasterCard (16 nos.)
American Express (15 numbers)	DiscoverCard (15 numbers)		

Credit Card Information

_____ - _____ - _____ - _____

Expiration Date _____ / _____ Cardholder’s Signature _____

Cardholder’s name (please print)

Billing address zip code _____

List any special dietary needs you have.