

Member Contact Information

Email Completed Paperwork to shelbysportingsports@yahoo.com

Year _____

Name: _____ Do you belong to another club? Yes No

Address _____

Parent Name/Guardian _____

Phone Number _____

Discipline Interest:

ARCHERY RIFLE SHOTGUN PISTOL OTHER _____

Permission Statement

I hereby give permission for _____ to participate in the activities of the Shelby County 4-H Shooting Sports Club – Hot Shots. It is my understanding that strict rules of conduct are required, and safety habits are a must. Any member considered in violation at any time will be dispelled. The Club will attempt to instill all safety requirements in all participants but cannot assume responsibility for any individual who does not comply.

I further agree not to hold the volunteers and staff, the Ohio State University Extension Service and the Shelby County 4-H Shooting Sports Club – Hot Shots liable for any injuries sustained by my child during any of the Club's activities.

Signed: _____ Relationship: _____

Printed Name: _____ Date: _____

Shelby County 4-H Shooting Sports – Hot Shots Code of Conduct

1. The club is a family-oriented group and parents are encouraged to attend practices and meetings.
2. Members must complete either an archery or rifle project before taking a shotgun project unless approved by the Advisory Panel.
3. Members must complete a long gun project before taking the pistol project.
4. Members are required to attend at least 5 club meetings.
5. Horseplay will NOT be tolerated. Instructors have sole discretion as to discipline.
6. Youth are responsible to bring their book and pencil to all meetings.
7. Appropriate dress will be worn at all times on the range. Closed toe shoes with no open back will be worn. No tank tops or low-cut shirts may be worn. Participants may wear shorts on the range, but they should be longer. Anyone having long hair should have it pulled back and no large earrings, bracelets, necklaces or ear buds should be worn.
8. Members may use their own personal equipment at the range provided the instructor has checked the equipment and it meets Ohio 4-H Shooting Sports Standards. Please meet with your instructor prior to bringing your equipment for specific requirements.
9. No reloaded ammunition may be used.
10. The Range Officer has ultimate control, and their decisions are final.

Parent's Signature _____ Date _____

Member's Signature _____ Date _____

Emergency Medical Authorization for Participants Under 18 Years of Age

CHILD'S NAME: _____

PHONE: _____

ADDRESS: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under 4-H Camping, 4-H Club Activities, and or sponsoring agency authority, when parents or guardians cannot be reached.

Part I or II Must be Completed

PART I (To Grant Consent)

In the event reasonable attempts to contact me at _____ (phone#) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by _____ (Preferred physician) at _____ (phone#) or _____ is not available, by another licensed physician or dentist, and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature _____

Date _____

Part II (Do not complete Part II if you completed Part I)

I **do not** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Shelby County 4-H Shooting Sports Club and the sponsoring agency authorities to take no action or to

Signature

Date

PLEASE COMPLETE BOTH TOP & BOTTOM OF THIS FORM.

We maintain a copy of the youth will need to have a copy on them when on the range.

CONSENT FOR POSSESSION OF HANDGUN BY JUVENILE

I _____ am the Parent / Legal Guardian of _____ a juvenile whose date of birth is _____, I certify that I am not prohibited by Federal, State or local law from possessing a handgun or ammunition. I do hereby give my consent and permission for the above named juvenile to temporarily possess firearms, handguns and ammunition.

Signature _____ Date _____

Address _____

City: _____ State: OH Zip _____

Phone _____

Juvenile Copy. This signed form must be carried by the juvenile named above at all times, while in the act of handling, transporting, shooting handguns (pistols) and the ammunition.

CONSENT FOR POSSESSION OF HANDGUN BY JUVENILE

I _____ am the Parent / Legal Guardian of _____ a juvenile whose date of birth is _____, I certify that I am not prohibited by Federal, State or local law from possessing a handgun or ammunition. I do hereby give my consent and permission for the above named juvenile to temporarily possess firearms, handguns and ammunition.

Signature _____ Date _____

Address _____

City: _____ State: OH Zip _____

Phone _____

Juvenile Copy. This signed form must be carried by the juvenile named above at all times, while in the act of handling, transporting, shooting handguns (pistols) and the ammunition.