

Calcasieu 4-H
Shooting Sports Club



Name _____

School _____

Age _____ Grade _____

Phone # _____ Cell # _____

Mailing Address _____

Email Address (will send updates, please include if use) _____



Dues are **\$20/ year** for first discipline (includes T-shirt, and ammunition supplies)
\$15 extra for choosing a second discipline. (not required to do so)

Paid by: Cash _____ Check _____ **Due by October 29th !!**

T-Shirt Size: (Please Circle) Youth sizes S M L
Adult sizes S M L XL XXL

**Extra shirts can be ordered for \$10.00/ XXL \$12.00 Number Shirts _____

Must Complete!!

Please rank your choice(s) of disciplines. You do not have to select two disciplines.
If you chose two put a 1 by first choice, 2 by second choice. Muzzleloader and
Hunting will be taught if instructors are available.

Name _____

- _____ Shotgun - Check _____ 20 gauge _____ 12 Gauge _____ 4-10
- _____ Rifle – **New 4-Hers must** check BB gun training 1st _____ .22 rifle _____
- _____ Air Pistol
- _____ Archery (recurve, compound)



**HUNTER EDUCATION
CERTIFICATE**

Date completed training _____

Certificate # _____

CALCASIEU 4-H SHOOTING SPORTS RULES OF THE RANGE

1. Proper use of the gun or bow, this includes being with an adult, being safe, proper safety gear, correct ammunition, positive attitude, and use of a safe and properly cleaned gun.
2. No running on the range.
3. No use of any drug that prevents the shooter from being safe, this includes use of drugs prior to going to the range. No use of illegal drugs is tolerated.
4. No loud or rude behavior.
5. No manners that are unbecoming of a Lady or Gentleman.
6. No vulgar language
7. No unsafe acts with a gun or bow
8. No lying, cheating or stealing
9. Please use safety gear when shooting
10. Only guns that have been approved by instructor TODAY, will be allowed on range
11. Use of alcohol - either prior to or on the range will not be allowed
12. Clowning or playing around, pranks or any acts deemed unsafe by the range, range officer, or ranger master will be allowed
13. Inability to follow instructions or procedures, such as range hours, by range personnel or instructor will not be allowed
14. Please sign range papers or give the proper information to the range every time you shoot
15. Use good common sense
16. Never leave a gun or ammunition unattended
17. Purposely shooting high, low or to the side of your target
18. Intentionally breaking the law with a gun or bow are grounds for dismissal

I _____ have read the rules of the range and fully understand
(Print name of 4-Her)

them. As a shooting sports participant I will respect the volunteers, leaders, other 4-Hers, and property. If I or anyone with me (parents, friends, etc.) break any of the rules I understand that I maybe dismissed from the club.

Signature of 4-Her

Date

I have read the rules along with my child and give permission for my child to be involved in the shooting sports club.

Signature of Parents

Date



Name _____ Parish _____
(print)

PERMISSION AND HEALTH STATEMENT

List below any physical condition the chaperone should know about.
(Reporting such conditions will not prevent 4-H'er from participating and will be kept confidential.)

Heart Condition _____

Diabetes or Hypoglycemia _____

Convulsions _____

Allergic to any drug? _____

Allergies (Explain) _____

Infection of any type _____

Medication(s) _____ Dosage _____

Other _____

Activities delegate should not participate in _____

Immunizations: Polio: Date of last treatment: Salk _____ Other _____

Tetanus: Date of last treatment _____

Indicate if your child has special needs for accommodations, travel, or dietary needs due to disability or medical restrictions. Please list:

Every effort will be made to make reasonable accommodations for your child to participate in this event.

Permission Statement:

My child (name) _____ Birthday _____ Age _____ has my permission to attend

_____ Date _____ under the direction of the LSU AgCenter.

(list event)

I understand that my child is covered by a group insurance policy covering accidental injury only up to \$2500. Medical bills for illness are the responsibility of the delegate and his/her parents.

Family Health Insurance Company _____ Policy # _____

I understand the delegates will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the chaperones are not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness I will be notified; however, if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by attending physician.

As a condition of participation in the above stated 4-H event, we agree to be bound by the terms of the responsibilities and conduct expectations printed on the reverse of this form.

Date Signature of 4-Her Signature of Parent/Guardian

Address City, State, Zip Area Code/Phone Number (Day) (Night)

I give permission to use my child's name/photograph in publications, advertisements, 4-H webpage or news article pertaining to 4-H activities.