

St. Charles Parish 4-H Shooting Sports Registration (2018-2019)

PLEASE PRINT!

Student's Name: _____

Student's Mailing Address: _____

City: _____ State: LA Zip Code: _____

Cell Phone: _____ Home Phone: _____

Student's Email Address: _____

Parent's Email Address: _____

Birthdate: ____/____/____ Grade: _____ School: _____

Member T-shirt Size (Adult sizes) _____ Circle One: Junior (Ages 10 – 13) Senior (Ages 14 – 19)

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____ Work: _____

Secondary Emergency Contact Name: _____ Phone: _____

Choose your discipline(s) by placing a check in the blank below.

(If you plan to participate in more than one discipline, rank them in order of preference with #1 being your first preference.)

_____ Archery _____ Shotgun _____ .22 Rifle, Air Rifle, or BB Gun

Hunter's Education Certification (Select one.)

*Note: You must provide a copy of your certification before attending any practice.

_____ Yes, I have my Hunter's Education certification and will provide a copy of my card.

_____ No, I do not have my Hunter's Education certification but plan to attend classes. (See Handbook)

REGISTRATION INFORMATION:

Must be received no later than October 15, 2018 to

Mrs. Kali Zammit, 4-H Agent

Physical Address: 1313 Paul Maillard Road, Suite E in Luling

Mailing Address: P.O. Box 1766, Luling, LA 70070

Phone: (985) 785-4473 Fax: (985) 785-4475

kzammit@agcenter.lsu.edu

Office Hours: Monday – Friday

(8:00 a.m. – 12:30 p.m.; 1:00 p.m. – 4:30 p.m.)

Driving Permission Slip (Select only if applicable.)

*Note: Youth at least 18 years of age must provide a copy of their driver's license and complete this section for permission to drive to practices and meetings ONLY without a parent. Rules for matches will be specified in the Handbook and Event Guidelines.

_____ Yes, my child _____ has a government issued driver's license and is licensed to drive without an adult present. I am giving my child permission to drive to and from practices and meetings ONLY and acknowledge that I am still responsible for him/her although I may not be present.

Print Parent's Name

Parent's Signature

Parent's Primary Contact Phone Number

FOR OFFICE USE ONLY: Registration Fee \$20 (Payable to "St. Charles 4-H") CK# _____ Date: _____ Amount: _____

SS Registration Form _____ Code of Conduct _____ Participant Agreement _____ Parental Permission _____ Health Form (3 pages) _____

Hunter's Ed Certification Copy: YES NO (MUST HAVE before attending ANY practice)

Enrollment Form _____

Driver's License Copy: YES NO (MUST HAVE before driving to practice)

Range Waiver _____



Cooperative Extension Service
St Charles Parish
1313 Paul Maillard Road, Suite E
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Luling, Louisiana 70070
(985)785-4473
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St. Charles Parish 4-H Shooting Sports

Parental Permission Form

Waiver of Liability

(Form must be completed before 4-H'er can participate in the Shooting Sports Club.)

I, the parent (legal guardian) of _____ (Name of 4-H'er) grant permission for his/her participation in the 4-H Shooting Sports Club; and approve of the use of firearms, ammunition, and/or archery equipment while participating under the supervision of a 4-H Certified Shooting Sports Instructor. I understand that the shooting sports are potentially hazardous activities, and certain risks are involved with this activity. These potential hazards include gunshot or archery wounds and can result in paralysis, loss of vision, limb or life. I agree that participation in this activity is entirely voluntary and agree that I will not hold the 4-H Project Leaders, State 4-H Staff, local extension staff or the LSU AgCenter liable for any accidents.

I understand that there may be trustees on the premises at the range during practice sessions.

I understand that safety procedures and practices will be strictly adhered to and that our child (guardian) may be immediately expelled, without recourse, from the program as a result of horseplay, inattentiveness, inappropriate conduct, violation of safety rules or failure to follow the range officer's directions.

I will abide by all safety procedures with the possibility of being expelled from the program if I do not follow these procedures.

Signature of 4-H'er _____

Address _____

Phone Number _____

Parent/Guardian's Signature _____ Date _____

For the latest
research-based information
on just about anything,
visit our website:
www.LSUAgCenter.com



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St. Charles Parish 4-H Shooting Sports Club Participation Agreement

My child, _____, has my permission to participate in the St. Charles Parish 4-H Shooting Sports Program. It is required that I pay \$20.00 club dues in addition to supplying my child with the required equipment necessary for participation in the program. I agree to meet all requirements for participation in the program as stated in the 4-H Shooting Sports Handbook. Each child is financially responsible for any expenses that they may acquire due to participation in the program. I also understand that my child must have a parent/guardian present at all practices and events and that we are responsible for transportation to and from events. In case of an accident, illness, or emergency, I am responsible for all fees.

My child is agreeing to participate in the above mentioned program. My child and I have received, read, understand, and agree to obey all rules and regulations as stated in the 4-H Code of Conduct, Parish Program Rules, and 4-H Shooting Sports Handbook.

By signing below, I acknowledge that I agree with the statement above and will abide by the conditions of this event.

Signature of 4-H Member

Date

By signing below, I give my child permission to participate in the above listed event for St. Charles 4-H.

Signature of Parent/Guardian

Date

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Code of Conduct for 4-H Events



Rules and regulations governing 4-H events will be discussed by agents and leaders with 4-H'ers before the event.

4-H'ers are under the supervision of all Extension personnel and other adults helping with the event. Each club member will be expected to participate fully in all programs and uphold exemplary standards of behavior.

The following are grounds for sending 4-H'ers home at their parents' expense and may be grounds for suspension in district, regional and state events for up to 12 months.

- Possession or use of illegal drugs, alcoholic beverages, tobacco products, pocket-hunting knives, fireworks or firearms.
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages).
- Disrespect for the authority of agents, leaders and specialists (such as failing to follow specific rules or instructions for the event or using abusive language).
- Unauthorized absence from the premises of the event.
- Unauthorized use of vehicles during the event.
- Unauthorized possession of firearms and other weapons.
- Breaking curfew or disturbing the peace (for example, being late for dormitory checks or disturbing others after lights out).
- Unauthorized presence in room of a member of the opposite gender without permission of agent or leader.

Realizing these guidelines are not all inclusive, the LSU AgCenter reserves the right to adjust these policies. Decisions on discipline will be the responsibility of the Extension agent(s) supervising the event in consultation with others designated as supervisors.

****By signing below, I am agreeing to abide by the above code of conduct.**

Date Signature of 4-H'er Signature of Parent/Guardian

Mailing Address

Phone Number E-mail address

Louisiana 4-H Overnight Event Permission/Health Form

To be completed and signed **before** the event. The participant **MAY NOT** register without a health form.

PHOTO
HERE

Event or Activity _____

Name of Participant _____ Date of Birth _____
(First, MI, Last)

Address _____

City _____ State _____ Zip Code _____ Parish _____
Street or PO Box

Parent/Guardian (for youth) Name: _____

Phone: Home _____ Work _____ Cell _____

Family Physician _____ Phone: Office _____ Alternate _____

Health Insurance Company Name & Address: _____

Group No. _____ Policy No. _____ Name of Insured: _____

Emergency Contacts:

1) Name: _____

Phone: Home _____ Work _____ Cell _____

2) Name: _____

Phone: Home _____ Work _____ Cell _____

Health History:

List all known drug allergies/allergies: _____

Is there past or present history of the following? Check all that apply.

	Yes	No		Yes	No
Appendicitis	_____	_____	Joint/back or limb pain	_____	_____
Allergies/Sinus problems	_____	_____	Arthritis or other conditions	_____	_____
Asthma/persistent cough	_____	_____	Kidney or liver disease	_____	_____
Bedwetting	_____	_____	Menstrual problems	_____	_____
Bleeding disorder	_____	_____	Nervous condition/depression	_____	_____
Convulsions/fainting	_____	_____	Nose problems	_____	_____
Diabetes/hypoglycemia	_____	_____	Physical disability	_____	_____
Epilepsy/convulsion/fainting	_____	_____	Poison ivy/oak/sumac rash	_____	_____
Eye/ear problems	_____	_____	Recent surgery/injury	_____	_____
Frequent ear infections	_____	_____	Serious illness	_____	_____
Gall bladder problems	_____	_____	Serious injury	_____	_____
Heart defect/disease	_____	_____	Skin/gland problems	_____	_____
Hernia	_____	_____	Sleepwalking	_____	_____
Hypertension	_____	_____	Stomach/bowel problems	_____	_____
Hyperactivity/ADD/ADHD	_____	_____	Tuberculosis	_____	_____
Infectious disease	_____	_____	Ulcers (stomach/intestines)	_____	_____
Insect stings*	_____	_____	Urinary problems	_____	_____

*Localized redness/swelling does not constitute an insect allergy. Body-wide rash, swelling, and difficulty breathing does not constitute an insect allergy (anaphylaxis).

Explain any “Yes” items and list any other problems, including the diagnosis, date of injury or illness, hospital, length of hospitalization, name of doctor, etc. List any exposure to infectious disease in the two weeks prior to event.

(Attach an additional page if extra space is needed for explanation)

Immunization Dates: (**must be current**): Tetanus _____ Hepatitis _____

Special Restrictions:

Chronic or recurring illness and treatment which may be needed _____

**Dietary modifications require physician's written instructions given to 4-H staff two (2) weeks before the event.*

Statement of Health:

To my knowledge, my child has no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my child's health as *(please circle one)*

POOR FAIR GOOD EXCELLENT.

My child has no contagious or communicable diseases and has not had any illnesses within 30 days that would preclude him/her from participating in this event. If my child does have any health problems or illness, please explain in the space provided on page one.

Parent/Guardian Signature: _____ Date: _____

Insurance Information:

LSU AgCenter ensures all participants while they attend 4-H sponsored events. This insurance is limited to \$3,000 and does not cover crutches. Remaining medical bills are the responsibility of the participant and his/her parent or guardian.

It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age or disability.



Parent Permissions Page

(Required For All Youth Attending 4-H Events)

PERMISSION FOR: _____
First, MI, Last Parish

Parent/Guardian Authorization for Medical Care:

I, the undersigned parent/guardian, understand that although the 4-H staff closely supervises the participants, the 4-H staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary, it will be available on site or at a nearby medical facility, should the injury or illness require such response. I permit the physician to order x-rays, routine tests and treatment for the health of my child, and in the event, I cannot be reached in an emergency, I permit to secure proper treatment for my child.

I (Parent) permit the Camp Nurse to administer the over the counter medications listed below while my child is at camp.

For 4-H events not held at the camp, I permit authorized 4-H personnel to administer any over the counter medication that is available. Please note that 4-H events not held at camp may not have all the medications listed below.

All over the counter medication is dispensed according to the directions on the package unless a signed physician's note indicates otherwise. Circle any medication(s) you do NOT want to be administered to your child.

Acetaminophen	Children's Advil Liquid	Hydrocortisone cream	Swimmer's Ear
Advil Jr.	Children's Motrin Liquid	Ibuprofen Jr.	Sinus Medicines
Antibiotic ointment	Children's Tylenol Liquid	Ibuprofen	Sore throat spray
Antihistamine liquid/tablets	Children's Claritin	Gas relief tablets	Sting relief spray
AZO	Contact Solution	Lanacane	Triple antibiotic spray
Bayer	Imodium	Midol	Tums
Benadryl Allergy (liquid/tablets)	Dramamine	Milk of Magnesia	Tylenol
Calamine lotion	Eardrops	Pamprin	Zantac
Cepacol	Gold Bond Spray	Pepto-Bismol (liquid/tablets)	

Please list below any restrictions your child may have with over the counter medication.

Membership and participation in activities and events are open to all citizens without regard to race, color, nationality, origin, gender, religion, age, veteran status, or disability. If your child has a disability that requires special accommodations for a 4-H event, please contact your parish 4-H agent one month before the event.

Person(s) designated to take child from event: _____

Person(s) not permitted to take child from event: _____

By my signature below, I am verifying that all the above information is true and accurate.

Parent/Guardian _____ Date _____

RELEASE, WAIVER, INDEMNIFICATION, AND HOLD-HARMLESS AGREEMENT

I _____, in consideration of the benefits of being allowed to participate in activities at the L.P.S.O. Firing/Shooting Range, do hereby voluntarily and knowingly acknowledge and agree to be legally-bound by this RELEASE AND WAIVER in favor of LAFOURCHE PARISH SHERIFF CRAIG WEBRE (AND HIS DEPUTIES/EMPLOYEES) and the LAFOURCHE PARISH SHERIFF'S OFFICE (including their insure; collectively hereinafter referred to as "L.P.S.O."). By my signature below, I hereby release AND waive L.P.S.O. from any and all liability whatsoever for Personal Injury (including death) or Property Damage and all other Claims (or causes-of-action) which may arise out of my participation at, or the use of (by me or any third-party), in any way, the L.P.S.O. Firing/Shooting Range, its equipment, or any firearms. Furthermore, I, absolutely and unequivocally Release and Relieve L.P.S.O. from (and against) any/all liability for any claims I may have and further agree to protect, defend, indemnify, save and hold harmless L.P.S.O. for all claims or demands by me if I am harmed by my own actions/omissions or the actions or omissions of a third-party while I am at the L.P.S.O. Firing/Shooting Range. Additionally, I agree to be held financially responsible for any damages, caused by me or my actions, to the Range (or its Equipment) or to any property owned by a third-party.

Printed Name of Participant

Signature

Date

RELEASE OF MINOR CHILD'S RIGHTS AND HOLD-HARMLESS AGREEMENT

Read this form completely and carefully. You are agreeing to let your Minor Child engage in a potentially Dangerous Activity at the L.P.S.O. Firing/Shooting Range. You are agreeing that there is an inherent risk being at the L.P.S.O. Firing/Shooting Range and/or participating in any activities at this Range and that there is a chance that your Minor Child may be seriously injured (or even killed) by his/her participation (either by his/her own act or omission or that of a third-party). By signing this Form, you are forever releasing, waiving, indemnifying, and agreeing to hold-harmless L.P.S.O. for (and against) any claims which you may have for damages (of any kind/nature whatsoever). Also, by signing this Form, you are giving up your Minor Child's right, and your own right, to recover from L.P.S.O. in a lawsuit/claim for any Personal Injury (including death) and/or Property Damage arising from his/her being at the L.P.S.O. Firing/Shooting Range. You have the right to refuse to sign this Form and L.P.S.O. has the right to refuse to let your Minor Child participate in any activities if this Form is not properly completed with all requested information.

Printed Name of Parent/Guardian AND of Child

Signature of Parent/Guardian

Date