

# Livingston Parish 4-H Shooting Sports Program 4-H Member Enrollment Card

Please print

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address(es): (Please put two if both guardians would like to receive info!)

**\*\*Email must be readable and up-to-date as this is the main source of contact\*\***

Hunter Safety #: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

A Hunter Safety card is required to compete if 10 years old by Jan.1, 2024. Classes will be available during the year.

Are there any health issues that we need to be made aware of? Yes or No (Circle one)

If so please explain:

Please initial the following statements indicating you agree and understand then sign and date below. **Both parent and student must initial.**

Parent /Student

\_\_\_\_\_/\_\_\_\_\_/ I understand that due to safety the instructor/volunteer is allowed to get closer than 6ft from me and may grasp my firearm or bow to keep myself and others safe.

\_\_\_\_\_/\_\_\_\_\_/ I will abide by the guidelines set forth by the agent and instructors for proper sanitizing and social distancing.

\_\_\_\_\_/\_\_\_\_\_/ I understand that under current guidelines it is **not mandatory** to wear a mask **but that the guidelines may change at any time.**

\_\_\_\_\_/\_\_\_\_\_/ A parent/guardian must be present at all practices and competitions. **No drop offs.**

\_\_\_\_\_/\_\_\_\_\_/ In order to compete at district, regional, or state, I must complete a minimum of 8 hours of 4-H shooting sports training in each discipline I would like to compete in.

\_\_\_\_\_/\_\_\_\_\_/ In order to compete at district, regional, or state I must attend 2 whole group practices.

\_\_\_\_\_/\_\_\_\_\_/ My child has permission to handle and fire firearms while at shooting sports meetings and competitions.

\_\_\_\_\_/\_\_\_\_\_/ I give permission for my child's picture to be taken and used for promotional/reporting purposes.

\_\_\_\_\_/\_\_\_\_\_/ My child and myself will be banned from all shooting sports activities if the rules are not followed.

\_\_\_\_\_/\_\_\_\_\_/ My dues pay for student's t-shirt, equipment, maintenance, targets, target faces.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FRONT & BACK**



## Livingston Parish 4-H Shooting Sports Program Code of Conduct

As a participant in the Livingston Parish 4-H Shooting Sports Program I have the responsibility of representing the 4-H Shooting Sports Program by conducting myself in a manner that will bring honor to my family, my school, and 4-H.

I am expected to:

- Attend required planned activities of the Livingston Parish 4-H Shooting Sports Program.
- Arrive on time in the time slot I sign up for, help set up and pick up equipment.
- Listen and abide to all instructions given by the instructor or line officer.
- Ensure that at least one parent/guardian is in attendance at all planned activities.
- Dress appropriately for the outdoor skills activity.
- Use language and manners that will bring respect to me, my family and 4-H.
- Remain in the assigned area designated for my discipline.
- Live up to my highest expectations for myself, so that I will be proud of myself and what I have done.

My failure to abide by these rules will result in my dismissal from the Livingston Parish 4-H Shooting Sports Program.

Should my action result in the damage to equipment or facilities, due to my failure to follow instructions, I will be held responsible for the cost of repairing or replacing the damaged property.

I have read and understand the Code of Conduct of the Livingston Parish 4-H Shooting Sports Program and agree to abide by these rules and to accept any disciplinary action due to my failure to do so.

Member's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**LIVINGSTON PARISH 4-H SHOOTING SPORTS PROGRAM  
PARENTAL PERMISSION**

**Waiver of Liability**

We, the parents/legal guardians of \_\_\_\_\_, grant permission for his/her participation in the 4-H Shooting Sports program; and approve of the use of firearms, live ammunition, and/or archery equipment while participating under the supervision of a 4-H certified shooting sports leader. I understand that the shooting sports are potentially hazardous activities and certain risks are involved with this activity. These potential hazards include gun shot 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 Shooting Sports Instructors, State 4-H staff, Mr. Kemp, Livingston Parish Sheriff's Department, or local extension staff liable for any accidents.

I also understand that safety procedures and practice will be strictly adhered to and that our child (ward) 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.

\_\_\_\_\_  
Parent/Guardian signature Date

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**Please fill this out if your child will be shooting a .22 pistol.**

**Pistol Permission Card**

I \_\_\_\_\_ give my  
permission to \_\_\_\_\_  
to possess and fire a handgun until June 30, 2024 at which time  
it may be extended.

\_\_\_\_\_  
Parent's signature Date

\_\_\_\_\_  
Witness signature Date



## Livingston Parish 4-H Shooting Sports Program Hunter Safety Enrollment Information

All participants 10 years old on or before January 1, 2024, must have a Hunter's Safety card to participate in any shooting sports competitions. If your child will be 10 on or before Jan. 1, 2024, and does not have their Hunter's Safety card, please fill out the information below so we can contact you about our Hunter Education course on January 2-3, 2024.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Boy or Girl

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_