Brookings County 4-H Shooting Sports Program Registration Form

Objectives: To enable young people to become responsible, self-directed and productive members of society through teaching the shooting sports disciplines of archery and the use of guns in a safe and responsible way, to teach participants the knowledge skills and attitudes of competitive shooting using experience based education.

Safety is stressed at all times; however, accidents can happen. All members are required to be covered by American Income Life Insurance. The premium is paid through your 4-H club ($3.00), or through Shooting Sports. The inherent risks of shooting sports any child not following directions of an adult instructor may be removed from the program.

In order to assist your child in achieving proper shooting positions (prone, kneeling, sitting, and off-hand), instructors may request permission from your child to occasionally touch them. If you want to be present during these instructional and safety lessons, **please inform the discipline coordinator.**
Register at Brookings County 4-H line: http://www.brookingscountysd.gov/index.aspx?NID=345

Participant Name: _____ **Age (as of Jan. 1, 2017):** _____

Circle 4-H Age Division: Beginner (8-10 years) Junior (11-13 years) Senior (14-18 years)

Parent/Guardian Name(s):_____

Phones: _____ **Email Addresses**: _____

Hand Dominance: ____Right ____Left

Eye Dominance: ____Right ____Left

Age requirements: at least 14 years old for .22 Pistol and at least 12 years old for .22 Rifle plus at least second year in guns Shooting Sports with BB gun or Air Rifle experience. Contact the coaches about required requirements. Extra cost for the shells for .22 Pistol and .22 Rifle only.

4-H Shooting Sports Club Dues:

Brookings County 4-H Shooting Sports is grateful to Brookings County Extension, NRA, and Pheasants Forever for their very generous support. The coaching staff are all volunteers. Our club fees cover only a portion of costs, so we are very grateful for the generous support of our donors and volunteers. Thank you!

One time session is signing up for BB gun, Air Pistol, Air Rifle, .22 Pistol, .22 Rifle or Archery when shooting one style/discipline.
Multiple time sessions is for multiple sessions as listed above, or shooting more than one Archery style (such as CWS-R and C-Open) or .22 Rifle (CMP and Precision).
OAC Membership: Range is available for practice sessions using your own or OAC archery equipment.

List 4-H'er scheduled times:

4-H Shooting Sports Club Registration Fee:	**Circle Amounts**
Required 4-H Insurance (if Independent pay $3) 4-H Club Name: _____ (paid at your club?)	$3.00
Sign up for **One time session** (1 time slot) If Archery, may shoot match for only one style	$50.00
Two sessions (2 time slots) -OR- .22 Rifle/CMP -OR- shoot Archery matches for two styles	$60.00

Make checks payable to **Brookings 4-H Shooting Sports**. Payment is **due before signing up for time**

Office: Check number: _____ Amount Paid: _____ Date: _____ Cash _____

Insurance Paid: Yes Medical Release Form Signed Yes

PARENTS OR GUARDIANS AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in 4-H shooting sports.

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

a. waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, the State of South Dakota, and its officers, agents, employees and 4-H volunteers; and
b. indemnify and hold harmless the State of South Dakota, and its officers, agents, employees and 4-H volunteers from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above release:

Name of Minor:_____Age:_____

Name of Parent or Guardian:_____

Parent Signature:_____Date:_____

Emergency Contact Phone Number: _____

List any medical conditions/allergies your child has next:

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