



## 2015 National 4-H Shooting Sports Workshop

September 29 – October 3, 2015

Camp San Luis Obispo, CA

This training allows qualified participants to become certified as Level 2 State Instructors in one of six different National 4-H Shooting Sports disciplines: Archery, Hunting Skills, Muzzle loading, Pistol, Rifle, or Shotgun (*Western Heritage will not be offered*). A Coordinator course is also offered for those who want to learn more about administering a County 4-H Shooting Sports program.

**Cost:** Early bird registration is \$195.00 per person through August 31<sup>st</sup>. This fee includes all course material, meals and housing for the duration of the course! After September 1<sup>st</sup>, registration is \$245. The cutoff date for registration is September 15<sup>th</sup>. Travel expenses are not included in the registration fee and are the responsibility of the participant or the individual State 4-H Program.

### **Cancellation/Refund Policy:**

If you need to cancel your registration for any reason the following policy applies. A \$50 cancellation fee will apply or the registration may be transferred to another suitable candidate if notification is at least one week in advance of the training and the individual registers for the same discipline. The new person will need to fill out all forms. No refunds will be given after August 31, 2015.

**Applications:** These are due to your State 4-H Shooting Sports Coordinator by August 15, 2015. For more information, or for an application, contact your State 4-H Shooting Sports Coordinator. To locate your state coordinator, visit:

[http://w3.4-hshootingsports.org/state\\_contacts.php](http://w3.4-hshootingsports.org/state_contacts.php)

### **A completed application packet includes:**

1. *National 4-H Shooting Sports Application Form*
2. *University of California Waiver of Liability, Assumption of Risk, and Indemnity Agreement*
3. *University of California Adult Volunteer Treatment Authorization Form*



## 2015 4-H Shooting Sports Workshop

### National 4-H Shooting Sports Application Form

STATE: \_\_\_\_\_

The 2015 National 4-H Shooting Sports Workshop will be held at Camp San Luis Obispo, CA (San Luis Obispo County). Return completed application with full payment to your State 4-H Shooting Sports Coordinator. **State Coordinators** are to return the completed applications to John Borba, 4-H Youth Development Advisor/Kern County 1031 S. Mt. Vernon Ave. Bakersfield, CA 93307-2851 (661) 868-6216 [jaborba@ucanr.edu](mailto:jaborba@ucanr.edu). Registration is considered complete when all forms and full payment is received. Payment is requested to be ONE CHECK or CREDIT CARD PER STATE if possible. Registration is on a first-come, first-served basis. The National Committee may limit participation number in a discipline in order to maintain a quality educational experience. Participations at National Workshops MUST have the approval of their State 4-H Shooting Sports Program Coordinator.

Earlybird registration deadline is August 31<sup>st</sup> at \$195 per person; after September 1<sup>st</sup> the fee is \$245. The cutoff date for registration is September 15<sup>th</sup>.

Your State 4-H Shooting Sports Coordinator is: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Special Dietary Needs** (list any special dietary needs you have):

\_\_\_\_\_  
\_\_\_\_\_

#### **Reasonable Accommodation**

This event is being held at a military facility. There are no established disability-related accommodations available.

### Criteria

In order for a participant to attend a National 4-H Shooting Sports Workshop, he/she must be at least 21 years of age and meet the following:

1. Have state 4-H (Level 1) certification in the discipline in which enrolled understand that this is National 4-H (Level 2) instructor training with the expectation that the participant return to their respective state to become a member of their state training team where they will commit to assist in teaching one state workshop annually for 3 years.
2. Have a minimum level of experience teaching in the discipline to be determined by each discipline instructor(s).
3. Have interest in 4-H, positive youth development, and S.T.E.M.
4. Endorse Train-the-Trainer concept in 4-H Shooting Sports.
5. Have experience teaching youth and/or adults.
6. Have current 4-H Volunteer status or Extension Faculty status in their state.
7. Have been recommended by their State 4-H Shooting Sports Coordinator.

### STATE 4-H SPORTS COORDINATOR VERIFICATION

*I verify that this individual has met the guidelines of the National 4-H Shooting Sports Committee to attend the National Workshop.*

State 4-H Shooting Sports Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT SELECTION and MEMORANDUM OF UNDERSTANDING

Please rank your choices of discipline area (*NOTE: you will participate in only one discipline throughout the entire week-long training*). Change of discipline after acceptance is highly unlikely; if that opportunity does exist, it must be approved by your State 4-H Shooting Sports Coordinator. Also, we must have minimum number of participants in a discipline for the course to take place. If your first choice is not available we will check with you prior to moving you to your next choice discipline.

\_\_\_\_ Archery                      \_\_\_\_ Coordinator                      \_\_\_\_ Hunting Skills  
\_\_\_\_ Muzzle loading              \_\_\_\_ Pistol                                  \_\_\_\_ Rifle  
\_\_\_\_ Shotgun

**1. I understand that if I attend this workshop, I will assist with at least one State-level 4-H Shooting Sports Training Workshop for leaders in my State each year for the next three years.**

**2. I understand that if I attend I will be required to sign a release of liability waiver for the Army National Guard when I arrive at Camp San Luis Obispo.**

**3. I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature, I consent and agree to the foregoing terms and provisions.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**EXPERIENCE WITH 4-H OR OTHER YOUTH ORGANIZATIONS**

Please describe your experience in working with youth through 4-H, Scouting, or similar organizations.

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**PREVIOUS 4-H SHOOTING SPORTS TRAINING**

List previous 4-H shooting sports training received, and any certifications you have received.

| <b>Discipline</b> | <b>Training Received</b> | <b>Date</b> | <b>Certification Level</b> |
|-------------------|--------------------------|-------------|----------------------------|
|                   |                          |             |                            |
|                   |                          |             |                            |
|                   |                          |             |                            |
|                   |                          |             |                            |

**SHOOTING BACKGROUND**

Do you have hunting experience?  Yes  No

|                      |  |
|----------------------|--|
| Types of Hunting     |  |
| Specialized Training |  |
| Honors/Recognition   |  |

**COMPETITIVE EXPERIENCE**

Do you have competitive shooting experience?  Yes  No

|                              |  |
|------------------------------|--|
| Disciplines:                 |  |
| Past/Present Classifications |  |
| Specialized Training         |  |
| Honors/Recognition           |  |

**COMMUNITY ACTIVITIES**

Please list your participation in community activities and organizations, and offices or leadership positions held.

| <u>Organization or Activity</u> | <u>Offices/Leadership Positions Held</u> | <u>Honors/Recognition</u> |
|---------------------------------|--|---------------------------|
|                                 |  |                           |
|                                 |  |                           |
|                                 |  |                           |
|                                 |  |                           |

**HOBBIES/OTHER INTERESTS**

Describe any other interests, skills or hobbies you enjoy.

| <u>Organization or Activity</u> | <u>Offices/Leadership Positions Held</u> | <u>Honors/Recognition</u> |
|---------------------------------|--|---------------------------|
|                                 |  |                           |
|                                 |  |                           |
|                                 |  |                           |
|                                 |  |                           |
|                                 |  |                           |

Physician’s name and phone number: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier and Group/Policy: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE IF YOU HOLD ANY CURRENT FIRST RESPONDER CERTIFICATION**

(e.g., EMT, Registered Nurse, Medical Doctor, Military Medic/Combat Lifesaver, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Submit this completed form to your State 4-H  
Shooting Sports Coordinator**

Thank you for your interest in educating youth and supporting your state’s 4-H Shooting Sports Program! For more information about 4-H Shooting Sports find the National 4-H Shooting Sports Program visit <http://www.4-hshootingports.org/>

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name  (Please Print)

County  Club/Unit

**Waiver:** In consideration of being permitted to participate in any way in *California 4-H Youth Development Activities and Projects*, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in *California 4-H Youth Development Activities and Projects*.

**Assumption of Risks:** Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor or Adult Participant

Date

Age (if minor)

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.

**Adult Volunteer Treatment Authorization Form**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

|                      |                      |   |  |
|----------------------|----------------------|---|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                      |  |
| First Name           | Last Name            | Club/Unit Name  |  |
| <input type="text"/> |                      | From: <b>September 29, 2015</b> to <b>October 3, 2015</b> |  |
| County and State     |                      |   |  |

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

**EMERGENCY CONTACT INFORMATION**

|   |   |                      |                      |
|---|---|----------------------|----------------------|
| <input type="text"/>                          | <input type="text"/>                          |                      |                      |
| Name  | Relationship to Adult Identified Above        |                      |                      |
| ( <input type="text"/> ) <input type="text"/> | ( <input type="text"/> ) <input type="text"/> |                      |                      |
| Emergency Day Phone (with area code)          | Emergency Night Phone (with area code)        |                      |                      |
| <input type="text"/>                          | <input type="text"/>                          | <input type="text"/> | <input type="text"/> |
| Mailing Address                               | City  | State                | Zip                  |

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that I am in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

|           |                      |
|-----------|----------------------|
| _____     | <input type="text"/> |
| Signature | Date                 |

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

|           |                      |
|-----------|----------------------|
| _____     | <input type="text"/> |
| Signature | Date                 |

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.

**Health History Information**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

First Name

Last Name

County




Date of Birth

| Subject to:             | YES | No | Now Have or Have Had       | Yes | No |
|-------------------------|-----|----|----------------------------|-----|----|
| Colds                   |     |    | Heart Trouble              |     |    |
| Sore Throat             |     |    | Asthma                     |     |    |
| Fainting Spells         |     |    | Lung Trouble               |     |    |
| Bronchitis              |     |    | Sinus Trouble              |     |    |
| Convulsions             |     |    | Hernia (rupture)           |     |    |
| Cramps                  |     |    | Appendicitis               |     |    |
| Allergies               |     |    | Has appendix been removed? |     |    |
| Wear corrective lenses? |     |    | Do you walk in your sleep? |     |    |
| Is hearing good?        |     |    |                            |     |    |

Date of last Tetanus Vaccination:

Please check over-the-counter medications that may be administered:

- Tylenol  
  Ibuprofen  
  Cough Syrup  
  Decongestant  
  Dramamine  
  Antacid  
  Polysporin  
  Hydrocortisone  
 Other:

Please identify allergies including allergies to food, medications, and drug reactions:

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Please list any disability accommodations you will need in order to participate in this program or activity.

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Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |

Please include any additional remarks and special instructions to better assist emergency service personnel.  
 Please explain "yes" answers on this page.

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