

# **University of Wisconsin** Division of Extension

Winnebago County

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4-H Youth Development



March 24, 2021

Hello Shooting Sports Families,

We are please to share with you information about our 2021 Winnebago County Shooting Sports Program! Our Shooting Sports Committee is:

Jessie Giddingsjessiehoban@hotmail.com920.410.7931Phil Kiefferphilkieffer314@gmail.com651.485.8580Melissa Walkermchristensen29@yahoo.com920.685.6781

This year we will be offering archery only. Shooting practices will take place at

Critters Wolf River Sports

700 W Main St – Winneconne

(920) 582-0471

Shooting Sports will take place from 9AM-12PM each Saturday. We will rotate youth throughout the shooting range during that time. **Masks are required for both youth and parents**. Parents are encouraged to attend along with their child(ren)

There will be some additional Covid-19 protocols that will need to take place between equipment use and sessions. All of that information will be explained at our first shooting sports practice during the required Orientation Meeting at 9AM.

There will be a \$15 project fee due at the first class. This is to help pay for the equipment and building rental. The fee is per youth, not per class. Some additional special archery events may require additional fees. Also, you are encouraged to bring your own equipment. This will help you become comfortable with your bow. If you don't have a bow, don't worry. We have county equipment available for you.

We are including in the packet a Medical Care and Treatment form, Waiver/Code of conduct form, and Information form. Please have this information completed ahead of time to hand in at our first meeting along with \$15 fee. You need these filled out to participate in the sessions. Even if you attended last year, you will need to update this information. Thank you for your cooperation.

An AA/EEO employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title VI, Title IX and ADA requirements

In addition to completed the forms, please email Jessie Giddings (email above) to let her know that you plan to be a part of shooting sports this year. We need to get an estimated head count for safety planning.

### **2021 Shooting Sports Schedule**

May 15: 9AM-1PM (Orientation Meeting and practice)

May 22: 9AM-12PM

May 29: Memorial Day Weekend: 3D Fun Shoot – More info to come.

June 5: 9AM-12PM June 12: 9AM-12PM June 19: 9AM-12PM

June 26: 9AM-12PM:: Critters 3D shoot

If you have any questions, please feel free to call us. We look forward to working with all of you.

Thank you,

Jessie, Phil and Melissa

Winnebago County 4-H Shooting Sports Volunteers

## **2021 Shooting Sports Participant Information**

| Member Name:   |           |        |        |
|--|-----------|--------|--------|
| Parent / Guardian Name:  |           |        |        |
| Club:  |           | _ Age: | Grade: |
| Contact Phone:   | _ Email:  |        |        |
| Health Issues or allergies(food, latex, etc)?:   |           |        |        |
| 1 1  | NO        |        |        |
| Will you be using your own archery equipment   | t? YES NO | )      |        |
| <b>Emergency Contact Information</b>   |           |        |        |
| This information is requested in case of an emergency All information is kept confidential |           |        |        |
| Emergency Contact Name:  |           |        |        |
| Address (street, city, state, zip code)  |           |        |        |
| Primary Phone Number for Emergency Contac  |           |        |        |
| Secondary Phone Number:  |           |        |        |

#### Winnebago County 4-H Shooting Sports Waiver Form

I desire to participate in the Winnebago County 4-H Shooting Sports program sponsored by **UW Madison, Division of Extension -Winnebago County 4-H Youth Development Program**. Supervision of this program is under the direction of trained and certified Winnebago County 4-H Shooting Sports leaders. All participants are responsible for their conduct to Extension personnel, to 4-H leaders, and to other people supervising this program.

**I, the undersigned parent or guardian** recognize the dangers present in 4-H Shooting Sports Activities. I understand that during the course of shooting sports trainings, it may be necessary to position my child to demonstrate such topics as proper stance or correct shooting positions.

I hereby grant permission for my child to participate in the 4-H Shooting Sports Program. I understand as the parent/guardian signing this form that I assume full legal and financial responsibility for my child's participation.

I authorize the use of photographs or videos of my child while participating in the 4-H Shooting Sports Programs for educational or media purposes.

I have read and reviewed the safety rules and shooting sports code of conduct with my child and with the 4-H Leaders. My child and I fully understand the rules, guidelines, and code.

I agree for myself, my child, to hold harmless and forever release, discharge and hold harmless the University, Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs or expenses (including attorney's fees) on account of damage to personal property, personal injury, or death which may result from or arise out of my program participation and which do not arise out of the negligent acts or omission of an officer, employee and agent of the University and/or Board of Regents while acting within the scope of their employment or agency; I acknowledge that I have read this document and understand and accept its terms.

| Parent / Guardian Signature | <br>Date |  |
|-----------------------------|----------|--|
| raient/Oddidian Signature   | Date     |  |
| Youth Participant Name      |          |  |

### Winnebago County 4-H Shooting Sports Code of Conduct

As a participant you have the responsibility of representing the Winnebago County 4-H Program to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family, and 4-H. To do that you will need to:

- 1. Attend all sessions in the planned program or notify a leader if you are unable to attend.
- 2. Have at least one parent/guardian present at all shooting sports activities.
- 3. Behave in accordance with applicable federal, state, and municipal laws.
- 4. Follow hours, room rules, and range rules. You are responsible to know the rules.
- 5. Use good judgment in selecting clothing appropriate to the occasion and weather.
- 6. Use language and manners that will bring respect to you and Winnebago County 4-H.
- 7. Be in the assigned program area at all times.
- 8. Know that the use of alcohol, tobacco, and non-prescribed drugs is illegal and prohibited at all events.
- 9. Show courtesy and respect for all other people. Demonstrate good sportsmanship.
- 10. Treat program areas, lodging areas, and vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
- 11. Help other members have a pleasant experience by making every attempt to include all participants in activities.
- 12. Live up to your highest expectations so you can return home proud of who you are and what you have done.

Those who find themselves unable to conduct themselves within the guidelines listed above may expect:

- 1. To explain their actions to the adults in charge.
- 2. To accept consequences of their actions.
- 3. To have adults in charge work closely with parents/guardian, Extension personnel and others to see that actions taken, in case of unacceptable behavior, are appropriate and logical consequences for all concerned.
- 4. Maybe required to meet with the 4-H Youth Development staff members and/or the 4-H Leader's Executive Board.

I have read the Winnebago County 4-H Shooting Sports Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the

| future.                     |   |
|-----------------------------|---|
| Member's Signature          | Date  |
| As the parent/guardian of   | upport the adults in charge in the performance of their |
| Parent / Guardian Signature | Date  |