

## Workshop Dates:

January 12, 19, 26 February 2, 9, 16, 23 March 2, 9, 16 Time: 6:30-8:30 PM

### Workshop Location:

Concordia Lutheran High School Shooting Range 1601 St. Joe River Drive Fort Wayne IN

Questions-Call 260.481.6826

Thanks to: Friends of the NRA for their 2021 grant in support of the Allen County 4-H Shooting Sports Program.

# 22 Rifle Winter

Everyone in grades 4-12 is welcome!

\$50 discipline fee due plus \$15 annual 4-H program fee at time of registration.

Youth will become a 4-H member upon payment. The fall 22 Rifle class starts a new enrollment year for the 2022 4-H Exhibit ion Year.

### **Learn About:**

- The programs teach safe handling of firearms, proper use of equipment, shooting techniques and ethics of good shooters.
- Instructors are certified through the Indiana 4-H Shooting Sports Program of Purdue University and the Indiana Department of Natural Resources.

Register by January 4. Space is Limited! It will be first paid first in.

Workshop must have a minimum of 14 registrations and a maximum of 22.

Complete reverse side and send with payment to:

Allen County 4-H Clubs, Inc 4001 Crescent Ave Fort Wayne IN 46815

Make checks payable to Allen County 4-H Clubs



**Extension ALLEN COUNTY** 

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.



#### 4-H SPARK Youth Enrollment Form

(Please Print)

4-H Year 2022

Family Fmail:			E	rst Name
Family Email:				st Name
				St realine
Mailing Address  City State				rfo 70 Code
City				ate ZIp Code
Gender				Female
Birth Date (mm/dd/yyyy)				one ( )
Parent/Guardian 1 Name: Cell Phone:				
To receive text message reminders, please list the cellular provider of Parent 1:				
Parent/Guardian 2 Name:			Cell Phone:	
Emergency Contact Name:			Ce	II Phone:
Are you of Hispanic ethnicity?	_	No		Yes
Race (check all that apply)		White Black Native Indian or Alaskan Native		Native Hawaiian or Pacific Islander Asian Prefer Not to State
Do you Live: (Check one)		Farm (rural area where agricultural products are sold) Town under 10,000 and non-farm		Town/City 10,000 – 50,000 and Its suburbs 50,000 Central city > 50,000
Do you have a parent serving in the military?		No		Yes
If yes, check all that apply		Air Force Army DOD Civilian Marines Navy		Active Duty National Guard Reserves
School Name:			Gr	ade in School Fall of 2021:
4-H Youth Development Liability Release  I understand that participating in 4-H activities can involve certain risks to my child. On behalf of my child I accept those risks. I hereby release and discharge Purdue University, The Trustees of Purdue University, the County Commissioners, the County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims which my child or I might have for any injury or harm to my child, including death, arising out of my child's participation in any activity related to the 4-H youth development program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.    We have read and agree to the terms.    Parent/Legal Guardian and Member Statement   I (we) understand, agree to abide by, follow, and comply with the rules, policies and expectations of the 4-H program and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute grounds for sanctions and/or dismissal of the member from the program.    We have read and agree to the terms.    Photo Policy Statement   I (we) grant permission to the 4-H Youth Development programs to use videos or photographs of my (our) child for educational purposes or promotion of 4-H and/or Purdue Extension programs.    I agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the photo policy statement   I do not agree to the pho				
Adult Signature: Date:				
Purdue University Cooperative Extension Service is an equal access/equal opportunity institution.				
Received Date:Entry Date:Entered By:State 4-H Program Fee Received Date:Payment Type:				