

PLEASE FILL OUT SEPARATE FORM FOR EACH MEMBER.

2023 CLINTON COUNTY 4-H SHOOTING SPORTS CONTEST REGISTRATION FORM



NAME _____

ADDRESS _____
Street City Zip

PARENT/GUARDIAN'S NAMES _____

PARENT/GUARDIAN'S SIGNATURE _____

4-H AGE (as of 1/1/23) _____ BIRTHDATE ____/____/____ PHONE (____) _____

4-H CLUB _____ EMAIL _____

Certified Shooting Sports instructor/leader's signature (this is REQUIRED):

RIFLERY: _____

TRAP: _____

MUZZLELOADING: _____

ARCHERY: _____

\$5.00/event until June 30th (No refunds will be issued)

CHECK AS MANY EVENTS AS YOU WOULD LIKE TO ENTER (except in archery)

July 15th @ Sleepy Hollow Conservation Club

MUZZLELOADING: *(will start at 8 am SHARP)*

- 12-19 yrs. old - Traditional
- 12-19 yrs. old - Open

BB GUN: *(will start at 9 am)*

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

.22 FIELD RIFLE (sporter): *(will start at 9 am)*

- 12-14 yrs. old
- 15-19 yrs. old

.22 TARGET RIFLE (precision): *(will start at 9 am)*

- 12-14 yrs. old
- 15-19 yrs. old

PELLET-3 POSITION (sporter):

(will start at 9 am)

- 10-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

PELLET-3 POSITION (precision):

(will start at 9 am)

- 10-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

TRAP:

(will start at 10 am)

- 12-14 yrs. old
- 15-19 yrs. Old

(Archery on back)

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Choose one (1) 3-D & one (1) archery: Archery is July 16th @ Thorny Acres Sportsman's Club

3D ARCHERY-UNSIGHTED: (will start at 9 am)
(NO release allowed)

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

3D ARCHERY-SIGHTED BOW:
(NO release allowed)

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

3D ARCHERY-OPEN:

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

3D RECURVE/LONG BOW:
(NO release allowed)

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

TARGET ARCHERY RECURVE/UNSIGHTED:
(NO release allowed)

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

TARGET ARCHERY - SIGHTED:
(NO release allowed)

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

TARGET ARCHERY-OPEN:

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

TARGET ARCHERY-RECURVE/LONG BOW:
(NO release allowed)

- 8-11 yrs. old
- 12-14 yrs. old
- 15-19 yrs. old

ADULT VOLUNTEERS If you are interested in helping at the County Shoot, please let us know below:
All volunteers must have an updated Background Check on file with the Clinton County Extension Office.

Name: _____

Phone: _____ Email: _____

Completed registration form & health form along with fees must be returned/postmarked by June 30th

**Checks must be made payable to: "CLINTON CO. 4-H SHOOTING SPORTS"
& mailed or dropped off to: MSU Extension, 100 E. State, Suite G100, St. Johns, MI
48879.**

Are you planning to participate in the State Shoot on August 19? yes no

COUNTY 4-H EVENTS

TOTAL # OF EVENTS: _____

× \$5.00

TOTAL PAID \$ _____

Date: _____

CK # _____ CASH

CLINTON COUNTY 4-H SHOOTING SPORTS PROGRAMS
100 E. State, Suite G100, St. Johns, MI 48879
(989) 224-5240

LAST NAME FIRST NAME

I hereby give my son/daughter _____ permission to participate in the Clinton County 4-H Shooting Sports Competition on July 15th and 16th. Event coordinators have my permission to have him/her treated for minor injury or medical problems. In the event of serious illness or injury, I will be contacted. You may proceed with treatment before contacting me only if the situation is urgent and does not permit delay.

Parent's Signature _____ Date _____

MEMBER'S NAME _____ AGE _____

ADDRESS _____
Street address City Zip

PHONE (_____) _____ BIRTHDATE _____

PARENT/GUARDIAN _____ RELATIONSHIP TO YOUTH _____

In case of illness or injury, contact the following:

1. _____ Phone _____
Relationship to youth: _____ Cell Phone _____

2. _____ Phone _____
Relationship to youth: _____ Cell Phone _____

INFORMATION ABOUT YOUTH:

YES NO IF YES, EXPLAIN:

Is there any chronic problem or illness? _____
Is there any acute illness now present? _____
Has one recently been treated? _____
Any allergies to medications? _____
Any other allergies? _____
Any medication now being taken? _____

Date of last tetanus shot: _____

Blood type (if known): _____

POLICY HOLDER'S INFORMATION:

Policy Holder's Name: _____
Relationship to Youth: _____
Address: _____
Phone: (_____) _____
Cell Phone: (_____) _____
Policy Holder's Date of Birth: _____
Employer: _____
Employer's Address: _____

INSURANCE INFORMATION:

Policy Group/Plan #: _____
Contract #: _____
Other #: _____
Name of Company: _____
Address: _____
Phone #: _____
Name & Address of Claim Office, if different:

Other Information: _____