



4-H Target Smart Camp October 3-6, 2019

4-H Target Smart Camp is:

- A 4-H activity that develops firearms safety, responsibility and life skills
- An opportunity to participate in skill competition in specific disciplines
- A camping adventure located in the natural environment of a modern 4-H Center
- An opportunity to make new friends, experience adventure and accept responsibility for group living in a camp setting

To Be Eligible:

- Campers should be in 5th through 9th grade as of January 1, 2019
- Campers should have some shooting experience prior to attending camp
- All participants will be expected to complete an Activity and Event Acceptance Form (F600) and to abide by the stated guidelines

Discipline Areas Include (campers will choose one for the duration of the camp)

Hunting	Rifle/BB	Archery
Muzzleloader	Shotgun (must be at least 12 years old)	

Additional Instruction Will Include:

Familiarization with other disciplines	Special programs in related areas
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Free-time Activities Include:

Crafts/games	Recreation/nature studies
Swimming/campfires (if weather permits)	Wildlife Center

Things to Bring:

Sheets and pillow	Casual clothes, tennis shoes or boots
Blankets/sleeping bag	Insect repellent
Towels, washcloths and soap	Notebook, pencil and paper, stamps
Toiletries, brush and comb	Flashlight, alarm clock, camera
Swimsuit, flip-flops, sunscreen	Old clothing/shoes (for creek stomping)
Sweatshirt or jacket/rain gear	
F600 Activity and Event Acceptance Form — completed and signed	

Do NOT Bring:

Electronic devices (games, mobile phones, radios, music players), chewing gum, food, drugs, alcohol or tobacco products, fireworks, knives or any other items that could cause harm to other campers. **Participants should not bring firearms or equipment to the 4-H Center (all will be provided).**

Clearly label all belongings!

Check In:

5:30 - 6:00 p.m. (CDT) Thursday, October 3, at Ridley 4-H Center in Columbia

Adjournment:

10:00 a.m. (CDT) Sunday, October 6

Cost:

The cost to attend the 4-H Target Smart Camp is \$275.00. This fee includes your lodging, meals, shooting supplies and other recreational activities. Please return your check with your registration to your county UT Extension office.

Transportation:

Transportation costs are not included in the registration fee and are the responsibility of each camper. Coordinate these arrangements with the 4-H agent at your county Extension office.

Every effort will be made to ensure that participants have a safe and rewarding experience:

Campers are adequately supervised by county 4-H agents, adult leaders and camp staff.

4-H center facilities are regularly inspected and meet health department guidelines. Professional and summer staff receive training in first aid and safety procedures.

If you need to reach your camper during the camp session because of a family emergency, the number to call is 931-388-4011. Please do not use this number for other purposes.

A first aid station is located on the grounds. Medications for allergies and other illnesses are kept in a safe location and monitored by adults. A health care professional is employed by the 4-H center. Arrangements have been made with local hospitals for emergency care. It is the responsibility of the parents to notify 4-H agents of pertinent medical conditions.

Campers may take supervised field trips to participate in related studies. It is assumed that by signing the Activity and Event Acceptance Form, parents give permission for their child to participate.

We cannot guarantee that your child will not be injured, but every attempt will be made to minimize risk and encourage safe participation. UT Extension cannot be held responsible for accidents.

**Visit the 4-H Shooting Sports Website at:
4h.tennessee.edu/Pages/shootingsports.aspx**

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.

Registration due to Hamilton County by September 4, 2019. Registration is now open. You will be registered upon receipt of registration form and payment in cash or check payable to University of Tennessee. You may also pay by credit card at site:

<https://tiny.utk.edu/targetsmartccpay>

If you pay by credit card, please notify Nancy Rucker, nrucker@tennessee.edu, 423-855-6113, so you will be included in correspondence for the county.

Camper Registration Form



4-H Target S.M.A.R.T. Shooting Sports Camp

All payments should be made to the participant's county 4-H program. Return forms by _____

Name _____ Male Female Age _____ Grade _____
(Jan. 1 of Current Year)

Address _____ County _____
Street City Zip

Name of Parent/Guardian _____ Phone Number _____

Discipline: Indicate 1st, 2nd, 3rd, 4th Choice (filled on first come, first served basis)

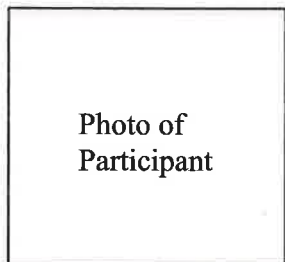
___ Hunting ___ Archery ___ Muzzleloader ___ Rifle/BB ___ Shotgun (12 yrs. or older)

Please indicate skill level (check one):

Beginner Intermediate Advanced

Are you currently in a County 4-H Shooting Sports Program? _____ Yes _____ No

T-shirt size _____ (S, M, L, XL, XXL, XXXL)

**Activity and Event
Acceptance Form***Please print***Name** _____
(Last) (First) (M.)**County** _____*This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.***Activity and Event Acceptance Form for** _____
(event or activity)**A. Identification of Participant**Date of Birth _____ Age _____ Sex: Male Female

Parent or Guardian _____

Home Address _____
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone () _____ Daytime Phone () _____ Nighttime Phone () _____

Workplace Address _____
(Address/City/State/ZIP) Phone () _____Other Emergency Contact (if appropriate) _____
(Name)_____
(Address/City/State/ZIP) ()
(Phone, if different than above)**B. Code of Conduct**

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone () _____

Family Medical/Hospital _____
 (Carrier) _____ (Policy or Group #) _____

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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Check all that apply

Is participant allergic to the following drugs?:

Penicillin Sulfa Drug Tetracycline Aspirin
 Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

Asthma Heart Trouble Nosebleeds Diabetes Convulsions Fainting Spells
 Any condition that may require special care, diet or restriction of activities for medical reasons.
 (Explain) _____

Does participant wear: Dentures Contact Lens Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? Yes No
 If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
(circle one/any)				<input type="checkbox"/> Tuberculosis

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

G. Administration of Medication

Check here if your child, _____, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.
(Name of Participant)

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to _____ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) *(Month/Day/Year)*

Signed _____ Date _____
(Participant's Signature) *(Month/Day/Year)*

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