

Thank you for your interest in the 4-H Archery Club.

This packet contains the following:

- Hamilton County 4-H Archery Club information sheet
- Information on coaching 4-H archery
- 4-H Archery Club 2020-2021 schedule
- Hamilton County 4-H Activities and Contests – choose at least two
- 4-H Enrollment form
- Activity and Event Acceptance Form (F600A). Writable form available at [Hamilton.Tennessee.edu](http://Hamilton.Tennessee.edu)

The registration deadline is **Monday, September 28** (or until full; 30 spaces available). To register, please return the following by mail (address below) or bring by the office (call in advance – 423-855-6113):

- 4-H enrollment form. You can also join 4-H online at <https://tiny.utk.edu/HC4H>
- Activity and Event Acceptance form (F600A)
- Fee is \$50 per person; cash or check payable to the University of Tennessee

Mailing address: UT-TSU Extension Hamilton County  
6183 Adamson Circle  
Chattanooga, TN 37416

If you have any questions regarding this information, please contact:

Nancy Rucker  
Extension Agent & County Director  
[nrucker@tennessee.edu](mailto:nrucker@tennessee.edu) 423-855-6113

Maria Sabin  
Extension Agent  
[msabin@tennessee.edu](mailto:msabin@tennessee.edu) 423-304-5641

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

Please note the following differences in the 4-H Archery Club this year, due to the COVID-19 pandemic:

1. To attend a club practice, you **must sign up in advance** and list the total number of people who will be attending with the club member (include siblings, friends, etc.) Sign-ups for each practice begins on the 1<sup>st</sup> of each month. Sign up by emailing [msabin@tennessee.edu](mailto:msabin@tennessee.edu)
2. Two practices will be held each practice date, with 30 minutes in between, in order to keep practice size small. If you prefer a particular practice time, please sign up well in advance. Once the practice is full, no additional people will be allowed to attend.
3. Targets and target faces will be provided at practices; no other club equipment will be available at practices - All club members (including new members) will need to have their own bow, at least 5 arrows, an armguard, and finger savers/finger tab in order to participate in a club practice
4. Everyone attending practices must wear a facemask that completely covers the mouth and nose, check temperatures before attending, and practice social distancing from anyone not in their immediate family. Failure to follow these rules will result in a ban on attending further practices
5. Do not come to practice if you – or anyone in your immediate family – is sick.
6. Before attending practice, be sure you can answer “No” to all of the following questions:
  1. Was your temperature 100.4 or above this morning?
  2. Have you been told to quarantine/isolate by a medical provider or the health department?
  3. In the last 14 days, have you had face-to-face contact for 10 minutes or more with someone who has or is suspected of having COVID-19?
  4. Are you experiencing a new cough, shortness of breath, or difficulty breathing?
  5. In the last 48 hours, have you had at least two of the following new symptoms: Fever, Chills, Muscle pain, Headache, Sore throat, Vomiting, Diarrhea or Loss of taste or smell?

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## Coaches Needed!

4-H requires that shooting sports clubs be led by volunteers, not by Extension staff. Due to out-of-state moves and student graduations, the Hamilton County 4-H Archery Club needs additional volunteer coaches. 4-H archery coaches must be 4-H certified. Certification requires attending a one-day workshop and completing four online training modules.

The next scheduled one-day workshop will be held on Saturday, October 3 in Crossville, TN at the Clyde York 4-H Center. The sign-up deadline is September 18. After this date, the next instructor training workshop will be held on Saturday, January 23.

Parents, please consider volunteering as a coach for the 4-H Archery Club. If additional coaches are not available for practices, the club may be unable to continue meeting. If you can attend the October 3 or the January 23 workshop, please email Maria Sabin at [msabin@tennessee.edu](mailto:msabin@tennessee.edu).

**Question:** Do coaches need to attend all archery club practices?

**Answer:** No; coaches sign up to help at the practices that fit their schedule.

**Question:** I'm not an expert archer. How can I be a coach?

**Answer:** At the instructor workshop, volunteer coaches will be trained in archery basics and will learn how to keep youth safe at 4-H archery practices. Archery experience is not required to become a 4-H archery coach, although those with archery experience are definitely encouraged to become coaches.

**Question:** What else is needed to become a 4-H archery coach?

**Answer:** All 4-H archery coaches will need to become level 3 4-H volunteers, which requires a background check and the completion of some online training on child protection. There is no cost to the volunteers for this training or for the background check.

**Question:** What is the cost to attend the 4-H instructor training workshop?

**Answer:** The cost to attend the instructor training workshop is \$100 per person. The club will pay for parents to attend this training in exchange for a commitment to help with 4-H archery club practices for two years.

**2020-2021 Schedule for Hamilton County 4-H Archery: You must sign up in advance to attend a practice date and time. Email Maria Sabin ([msabin@tennessee.edu](mailto:msabin@tennessee.edu)) at the beginning of each month to sign up for practice times for that month. Facemasks, temperature checks and social distancing are required for all attendees (including family members attending with club members)**

**Fall 2020** – sign up in advance for a practice. Practices held 1-2:30 p.m. and 3:00-4:30 p.m.

Saturday, October 10, 1-4:30 pm – two practices: 1-2:30 and 3-4:30 with a 30-minute break in between;

Saturday, November 14, 1-4:30 pm – same as above;

Saturday, December 12, 1-4:30 pm – same as above.

**Spring 2021** – Tentative

January 16

January 30

February 13

February 27

March 13

March 27

April 10

April 16-17 Archery Jamboree

May 1 – Final practice and end-of-year celebration



## 2020-21 Tennessee 4-H Enrollment Form

\_\_\_\_\_ County School \_\_\_\_\_ Teacher \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

**Gender**  Boy  Girl

**Race (can choose more than one)**  American Indian/Alaskan Native  Asian  Black  
 Pacific Islander  White  Other

**Ethnicity**  Hispanic  Non-Hispanic

Grade in School \_\_\_\_\_ Email Address \_\_\_\_\_

**Projects**

- Beef
- Citizenship
- Clothing & Textiles
- Communications/Public Speaking
- Companion Animals (cat, dog, rabbit, etc.)
- Computers and Technology
- Consumer Education/Economics
- Creative Arts and Design
- Dairy
- Electric
- Engineering/Safety Science
- Entomology/Beekeeping
- Food Science
- Forestry, Wildlife and Fisheries
- Goat
- Horse
- Horticulture/Garden
- Leadership

T-shirt size: Adult or Youth S, M, L, XL, 2XL \_\_\_\_\_

- Personal Development
- Nutrition, Health, & Fitness
- Performing Arts/Recreation
- Photography
- Plant Science
- Poultry
- Sheep
- Swine
- Veterinary Science

**Activities**

- Consumer Decision Making
- Dairy Cattle Judging
- Dairy Products
- Forestry Judging
- Horse Judging
- Land Judging
- Life Skills
- Livestock Judging
- Meat Science
- Outdoor Meat Cookery
- Poultry Judging
- Shooting Sports
- Wildlife Evaluation

**Describe where you live**

- Farm  Town or city 10,000 to 50,000  Central city over 50,000
- Rural non-farm/town under 10,000  Suburb of city over 50,000

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent(s)/Guardian(s)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Is your parent currently enlisted in the military?  Yes  No

## Hamilton County 4-H Activities and Contests

(Additional information regarding these contests and activities will be provided at club meetings)

### 4-H Public Speaking Contest (October / November)

4<sup>th</sup> – 12<sup>th</sup> grades

Local, County, Region and State (state level only 9<sup>th</sup> – 12<sup>th</sup>)

### 4-H Art Poster Contest (January)

4<sup>th</sup> – 12<sup>th</sup> grades (3 winners per county)

Local, County, Region, State

### 4-H Demonstration Contest (February/March)

4<sup>th</sup> – 8<sup>th</sup> grades

4<sup>th</sup> & 5<sup>th</sup> – Demonstration – How to do something related to a 4-H project

6<sup>th</sup> – 8<sup>th</sup> – Interactive Exhibit (exhibit board combined with an interactive speech)

Local, County, Sub-region

### 4-H Clover Bowl Contest (March)

4<sup>th</sup> – 8<sup>th</sup> grades

Teams are made up of 3 to 4 youth of the same grade level

Local, County, Region

### Dairy Poster Contest (March)

4<sup>th</sup> – 12<sup>th</sup> grades

Poster must include June Dairy Month Theme

Local, County, State

### Piggy Bank Pageant / Contest (April)

K – 12<sup>th</sup> grades (younger youth may participate)

Multiple grade divisions

Local, County, State

There will be at least one service project for the club.

Other 4-H opportunities include (this is not a complete list):

4-H Club officer elections

4-H Honor Club (5<sup>th</sup> – 12<sup>th</sup> grades)

4-H All Stars (9<sup>th</sup> – 12<sup>th</sup> grades)

4-H Chick Chain

4-H Photo Search (6<sup>th</sup> – 12<sup>th</sup> grades)

Judging Teams

Camps and Conferences



The writeable pdf of the form below is available at

<https://extension.tennessee.edu/Hamilton/Documents/F600A%20%28Writable%20with%20photo%20attachment%29.pdf>



## 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:

- 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.
- Participants shall participate fully in all programs outlined for the activity or event.
- Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- 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 (circle one/any)	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
				<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*)

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## 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	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

*\* 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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 Revised 2/14