

Air Rifle Club 2025

Everyone in grades 3-12 is welcome!

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

Youth will become a 4-H member upon payment.

***If you are already a 4-H member, you will not pay the \$15 annual fee**



Workshop Dates:

January 7, 14, 21, 28

February 4, 11, 18, 25

March 4, 11

Time: 6:30-7:30 PM

Workshop Location:

**Hoagland Community Center
Hoagland, IN**

Want to enroll?

Call 260-481-6826

Learn About:

- **Safe handling of firearms, proper use of equipment, shooting techniques, and ethics.**
- **Instructors are certified through the Indiana 4-H Shooting Sports Program of Purdue University and the Indiana Department of Natural Resources.**
- **Materials, Ammunition, and equipment furnished.**

Participants will be emailed enrollment form and will either mail form to the extension office with payment or bring to first meeting.

**Allen County Extension
4001 Crescent Ave.
Fort Wayne, IN 46815**

Checks payable to Allen County 4-H Clubs Inc.

Register by January 6.

Space is Limited!

Workshop must have a minimum of 3 registrations and a maximum of 12.

Interested in being a 4-H Shooting Sports Instructor?

Talk to the instructor at the discipline.



Extension - 4-H Youth
Development




4-H SPARK Youth Enrollment Form
4-H Year 2022- 2023

(Please Print)

Family Email:		First Name	
Middle Name		Last Name	
Mailing Address			
City		State	Zip Code
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Gender Identity Not Listed <input type="checkbox"/> Prefer Not To Respond	<input type="checkbox"/> Non-binary
Birth Date (mm/dd/yyyy)		Phone ()	
Parent/Guardian 1 Name:		Cell Phone:	
Parent/Guardian 2 Name:		Cell Phone:	
Emergency Contact Name:		Cell Phone:	
Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Race (check all that apply)			
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State	
Do you Live: (Check one)			
<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and non-farm		<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs <input type="checkbox"/> Suburb of city > 50,000	<input type="checkbox"/> Central city > 50,000
Do you have a parent serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, check all that apply			
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy		<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
School Name:		Grade in School:	

4-H Youth Development Liability Release

I understand that participating in 4-H activities can involve certain risks to my child. Those risks may include injury or harm, including, but not limited to, bodily injury, disability, exposure to COVID-19 and other viruses and or illnesses, and death. During virtual 4-H activities, I understand that program staff are not providing supervision for my child during the online program, and the Released Parties do not have control over the information available through the internet or other electronic data sources beyond that which is a part of the 4-H activity. On behalf of my child, I fully assume the inherent risks associated with my child participating in 4-H activities and assert that my child has chosen to participate in this program with my express approval. 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, arising out of my child's participation in any activity related to the 4-H 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.

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 as shown on the back of this form 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 against and/or dismissal of me (us) and/or the member from the program.

Photo Policy Statement

By participating in Indiana 4-H, I grant permission to the Indiana 4-H Youth Development Program to use videos or photographs of me (my child) for educational purposes or promotion of 4-H and/or Purdue Extension programs. For questions, or to decline this condition, please contact the County Extension Office.

☐ We have read the 4-H Youth Development Liability Release, Parent/Legal Guardian and Member Statement, and Photo Policy Statement and agree to the terms included in each.

Member Signature: _____ Date: _____

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: _____