BLAZING ARROWS 2019

September 24, 2019

Anthony Skeels
1-509-690-1043

Brent Hanson
434-2514
460-0325

Toole County Extension
424-8350
Alice Burchak
Kim Woodring

PARENT INFORMATION

1) Members must be nine years old as of October 1, 2019. We cannot make any exceptions as this is per MSU policy.

2) Registration fees will be $30.00 per member and $60.00 per family. There will also be a $15/$25 fee per year for equipment rental. Please turn in all registration forms and fees to the Extension Office. ***All fees must be paid and the member registered with the Toole County Extension Office before the member will be allowed to participate.***

3) There will be no cell phones unless used for score tracking in use while the member is on the shooting line. If a member is caught using any device while they are shooting, they will receive one warning. The second time they will be asked to sit down and forfeit the remainder of their score for that night.

4) Members are asked to be respectful toward their coaches and other shooters. Anyone not doing so or engaging in horseplay will be asked to sit down and forfeit the remainder of their score. Such behavior will be at the coach's discretion. If the behavior continues, the member will be asked not to return.

5) We will make every effort to schedule according to the member's needs; however, we cannot accommodate everyone. Those members involved in other programs will be considered first.

6) Everyone will be asked to participate in our fundraisers. You may choose not to participate in these fundraisers; however, there will be an extra $50.00 charge per member.

7) Fun Day and a party will be scheduled after the state shoot.

Please provide us with your email address. This is how we will communicate with you. You will receive weekly scores, information and registrations on shoots and any other pertinent information.

BLAZING ARROWS 2019 - 2020 SCHEDULE

OCTOBER	
15	REGISTRATION DUE TO THE EXTENSION OFFICE
16	6:00 pm EVERYONE HELPS WITH SETTING UP THE RANGE
23	6:00 - 8:00 pm EVERYONE TUNEUP BOWS & RENTALS HANDED OUT
30	PRACTICE
NOVEMBER	
6	PRACTICE
13	1ST SCORING
20	2ND SCORING
DECEMBER	
4	3RD SCORING
11	FUN NIGHT
18	4TH SCORING
JANUARY	
8	5TH SCORING
15	6TH SCORING
22	FUN NIGHT
29	7TH SCORING
FEBRUARY	
5	8TH SCORING
12	9TH SCORING
19	10TH SCORING
26	PRACTICE 3-D
MARCH	
4	11TH SCORING
6,7,8	BOZEMAN STATE SHOOT
	FUN DAY SHOOT & AWARDS

WILL USE THE TOP SEVEN SCORES FOR AWARDS
NEED TO SHOOT 6 TO FULFILL THE ARCHERY 4-H PROJECT

4-H ARCHERY REGISTRATION-DUE 10/15/19

Please fill out this page, the Medical Information and Release Form, Photo Release, Code of Conduct, Special Interest Form, and the Permission & Release Form.

Name_____ Birthdate _____

Parent/Guardian Name_____

Address _____

Home Phone Number_____ Parent/Guardian Work Number_____

Email Address (this is our main method of contact)_____

4H Club Name (not Blazing Arrows)_____

Please check the discipline(s) in which you will shoot in the Blazing Arrows Archery Club:

☐ **Unlimited** ☐ **Barebow** ☐ **Olympic Recurve**

☐ **Bowhunter** ☐ **Limited** ☐ **Primitive**

Will you participate in the Fundraiser? (Minimum of 5 orders sold)

☐ **Yes** ☐ **No**

Will you…

☐ **Use your own bow and equipment?** ☐ **Use the club's equipment?**

Are you enrolled in another program on Wednesdays? _____ Day and Time_____

Membership dues:	$30.00 per participant	$_____
	$60.00 per family	$_____
Special Interest Fee (Not in a 4-H Club)	$7.50 per participant	$_____
Eqmt. Rental Fee Per Participant $15.00 First Year/$25.00 Everyone Else		$_____
	$50.00 per family	$_____
Fundraiser Waiver	$50.00 per participant	$_____
Each Additional Discipline	$5.00 per participant	$_____
Late Fee After October 15th	$5.00 per participant	$_____

Total Payable to Blazing Arrows Archery
$_____

Please return payment and all forms to Toole County Extension, 226 1st St. S, Shelby, MT 59474. Make checks payable to Blazing Arrows 4H Archery.

DUE OCTOBER 15, 2019

Blazing Arrows 4-H Program

Age Criteria: Must be 9 by October 1 of the current year

Cost: $30 per participant and $60 per family. Scholarship applications are available at the Extension Office for the cost of dues only.

Deadline for Registration: October 15th
Registration forms will be available at your local County Extension Office and online at http://www.msuextension.org/toole/4H.html

Starting Date: *Everyone comes on October 16th to set-up at 6:00pm*

Fundraiser: A minimum of 5 orders have to be sold or else pay the $50 waiver fee

Completing the Project: A minimum of 6 scoring rounds need to be scored to complete the project

Bow Classes are as follows:

Unlimited Bow: Compound bow with sights (fixed or moveable), release aid and stabilizer 12" and over.

Bowhunter: Compound bow with fixed sights (moveable only with a tool), release aid, may have stabilizer up to 12".

Limited: Compound bow with sights and finger release.

Barebow: Compound bow without sights, finger release.

Primitive: Recurve bow, no sights, finger release.

Olympic Recurve: Recurve bow, sight, stabilizer, finger release, and 11 meters for age 14 and older.

Each member needs to supply their own armguard. MSU policy requires armguards on all shooters.

Age classes are as follows:

9-10; 11-12; 13-14; 15 and up.

You will shoot the age you are as of October 1, 2019 for the entire season.

Contact Information:

Anthony Skeels	1-509-690-1043
Brent Hanson	434-2514 & 460-0325

MONTANA STATE UNIVERSITY EXTENSION

Montana 4H

PERMISSION AND RELEASE FORM

FOR PARTICIPATION IN A 4-H PROGRAM OF THE

MONTANA STATE UNIVERSITY EXTENSION SERVICE

[Youth's name] _____ will be participating in

Blazing Arrows 4H Archery Program for the year 2019.

A description of the activities, the Code of Conduct, "Medical Care and Treatment Form", photo release and a registration form are included with this notice. Each participant will be "on their own" for transportation to events.

Please complete these forms and return them to ***Toole County Extension by October 15, 2019.*** *The 4-H youth will be unable to participate without them.*

I/We give permission for [youth' s name] _____to participate.

I/We understand the responsibilities, hazards, and dangers inherent in participation in this activity, including the transportation. We understand and agree that my/our child will adhere to the Code of Conduct.

I/We hold harmless Montana State University, its trustees, officers, agents, volunteers, and employees from and against all claims, demands, actions, and cause of actions for damages which may be sustained by [youth's name] _____or anyone else.
This includes personal injury, death or property damage, whether or not the result of negligent acts or omissions.

If [youth's name] _____'s participation in the activity causes damage to the property of MSU Extension Service or other agency or individual, we agree to pay for such loss.

_____

Parent(s)/Guardian(s) Signature Date

CODE OF CONDUCT FOR 4-H MEMBERS

Name_____County_____

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

While attending 4-H activities and events, I will:

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- Be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not us, accept or carry alcohol, drugs or tobacco, or associate with others using the substances.

While attending overnight events, I will also:

- Not leave the activity or event unless permission is secured from my agent or chaperone.
- Note use my personal vehicle when it is not allowed by an event or trip.
- Care for the lodging property and respect the rights of other guests of the facility and observe all rules instituted by the property.
- Be in my sleeping area and stay there after curfew time and be out each day by the set time.
- Not enter the sleeping areas of members of the opposite fender and not invite non 4-H participants to the sleeping areas.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to do so could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

Member Signature_____ **Date**_____

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I will support the individual(s) in charge in maintaining appropriate behavior.

Parent/Guardian Signature_____ **Date**_____

MONTANA STATE UNIVERSITY | EXTENSION YOUTH | Montana 4-H Center FOR YOUTH DEVELOPMENT

The U.S. Department of Agriculture (USDA), Montana State University and the Montana State University Extension prohibit discrimination in all of their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital and family status. Issued in furtherance of cooperative extension work in agriculture and home economics, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jill Martz, Director of Extension, Montana State University, Bozeman, MT 59717.

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Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____ Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- ☐ Stomach or Intestinal problems
- ☐ Diabetes or hypoglycemia (low blood sugar)
- ☐ Nervous disorder (convulsions, epilepsy, dizziness, ect)
- ☐ Respiratory problems
- ☐ Heart Disease
- ☐ Any allergies to medication
- ☐ Any allergies to food or plants
- ☐ Special diet or food restrictions
- ☐ Are you currently under a doctor's care?
- ☐ Are you currently taking medications?
- ☐ Are there any physical restrictions or medical problems that may require special considerations?

_____

_____

_____

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do herby give permission to _____

PARENT/GUARDIAN Name — CHAPERONE Name

to seek and obtain any medical care necessary for my child _____ .

YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____

MONTANA STATE UNIVERSITY | EXTENSION • 4-H YOUTH | Montana 4-H Center FOR YOUTH DEVELOPMENT

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MONTANA STATE UNIVERSITY | EXTENSION

Extension Communications & Technology
135 Culbertson Hall – PO Box 172040
Bozeman, MT 59717-2040
406-994-4291

MSU Extension Media Release

Event Blazing Arrows 4-H Club Event Date 2018-2019

Subject's Full Name _____

Address _____

Phone _____ Email _____

Requested By _____

I hereby grant MSU Extension the absolute and irrevocable right and permission, with respect to photographs, audio & video taken of me and/or comments made by me or in which I may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the internet now or hereafter, and for any purpose whatsoever for illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as MSU Extension chooses.

I hereby release and discharge MSU Extension from any and all claims and demands arising out of or in connection with the use of photographs, audio & video and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed _____ Date _____

Guardian's Release for Minors under 18 years of age.

I warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have read, understand and agree with the conditions listed above.

☐ Has my permission ☐ Does not have my permission

Signed _____ Date _____

Guardian's Full Name _____

Relationship to Subject _____

Address _____

Phone _____ Email _____

SPECIAL INTEREST Enrollment Form

4-H Year: 2019-2020

Family Last Name: _____
(this name will be used on mailing labels)

Family Phone: _____

Family Email: _____

Preferred Correspondence Method: ☐ Postal Mail ☐ Email

Member/Leader Information ** indicates required fields*

* First Name		Middle Name	
* Last Name		Member Email	
* Mailing Address		* City	
* State		* Zip Code	
* Birth Date		* Gender	☐ Male ☐ Female
* Primary Phone		Member Cell Phone	
I wish to receive notices via text message	☐ Yes ☐ No	Cell Phone Provider	

Parent / Guardian 1 ** indicates required fields*

* First Name		* Last Name	
Cell Phone		Work Phone	
Home Phone		Email Address	

Parent / Guardian 2

First Name		Last Name	
Cell Phone		Work Phone	
Home Phone		Email Address	

Second Household

Send Correspondence	☐ Yes ☐ No	Family Name	
First Name(s)		Primary Phone	
Address		City	
State		Zip Code	
Email			

Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity? ☐ No ☐ Yes	(please indicate both an ethnicity and race)
Race	☐ White	☐ Native Hawaiian or Pacific Islander
	☐ Black	☐ Asian
	☐ American Indian or Alaskan Native	☐ Prefer Not to State
* Residence	☐ Farm (rural area where ag. products are raised)	☐ Town under 10,000 and rural non-farm
Military	☐ I have a parent serving in the military	☐ I have a sibling serving in the military
Branch / Component	☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy	
	☐ Active Duty ☐ National Guard ☐ Reserves	
* School Grade		* School Name

Health Information

Provide any health related information you feel others should know, in order to maximize this 4-H participant's safety and well-being:	
Please list any allergies or reactions to drugs, foods or things in nature:	
Please list any other concerns, including dietary concerns or restrictions	

Photo Release * *indicates required fields*

*** May we use photographs of your child for 4-H press releases or publicity?**	☐ Yes ☐ No

Category (Circle One): **M-Member (9 by end of 4-H yr)** **L-Leader**

Enrollment Type (Circle One): **N-New Enrollment** **R-Re-Enrollment**

Do you require an accommodation for a disability to participate in this program? _____

Please Check Discipline	Project Code	Project Name - Dates	Yr in Project	Project Youth Leader (Teen Member)
	6210	Air Pistol – November 15 through March 15		Y/N
	6220	Air Rifle - November 15 through March 15		Y/N
	6230	Archery - October 15 through March 15		Y/N
	6240	Shotgun – dates to be determined		Y/N

Fees

Special Interest Member's fees are $7.50.

Member Signature_____ Date_____

Parent Signature_____ Date_____

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