

Cornell University
Cooperative Extension
Oswego County

3288 Main Street
 Mexico, New York 13114-3499
 Tel: 315-963-7286
 Fax: 315-963-0968
oswego@cornell.edu

Oswego County 4-H Shooting Sports Summer Program - 2016

- Open to all girls and boys, ages 12-19
- Enrollment fee: \$30.00 covers enrollment, materials, supplies, Field Day and safety equipment
- Taught by New York State 4-H Shooting Sports Certified Instructors
- Courses will meet once a week for at least 5 weeks, end with a field event the week of June 13th
- **Parent or guardian MUST attend the first class with their child. Child cannot stay at the first meeting WITHOUT A PARENT OR GUARDIAN.**

Archery: Tuesday, beginning May 3rd, 6-8pm Deerslayer Bowmens Association, Southwest Oswego

Rifle: Tuesday, beginning May 3rd , 6-8 p.m., North Sportsmans Club, West Monroe

Shooting Sports Sampler: Shotgun, muzzleloading and air pistol
 Wednesday, beginning April 27th, 6-8 p.m., Leatherstocking Club, New Haven

*Spaces limited, Sign up now! Call Oswego County 4-H Program for detailed information if needed, 963-7286

Name: _____ **Age:** _____ **Birth Date:** _____

Address: _____ **Telephone:** _____

Email: _____ **Parent's Name:** _____

EMERGENCY CONTACT INFORMATION FOR DURING CLASS:

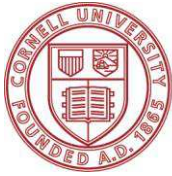
Name _____ **Telephone Number:** _____

*Please list any medical conditions, disabilities, allergies or medications that may impair the youth's functioning ability.
 For example: Allergic to wasps: youth is taking 50 mg Benedryl*

Project Desired: _____ Sampler _____ Rifle _____ Archery

_____ HAVE firearm experience _____ DO NOT have firearm experience

**PLEASE RETURN COMPLETED REGISTRATION AND ACKNOWLEDGEMENT OF RISK FORMs
 WITH ENROLLMENT FEE (\$30.00) TO: Cornell Cooperative Extension Oswego County, 4-H Program,
 3288 Main Street, Mexico, NY 13114**



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Acknowledgement of Risk Form

This form must be completed before child may participate.

I hereby grant permission for my child _____ to enroll in **Oswego County 4-H and its Shooting Sports Program** sponsored by Cornell Cooperative Extension of Oswego County held on the date(s) of **April- June 2016** and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the above activities and my child’s participation in such activities and use of any equipment related to such activities may result in injury, illness, or death, and damage to personal property. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and **it at the minimum age of 12** required to participate in this activity, and is able to participate in any strenuous physical activity.

I have read the above and by signing it I agree it is my intention to have my child participate in Oswego County Shooting Sports Program and I understand and accept the risks involved.

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child’s participation in this activity shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

PARENT/GUARDIAN’S NAME (print) _____

SIGNATURE _____

ADDRESS _____

CHILD’S NAME _____ **AGE** _____ **DATE** _____

PHOTO RELEASE:

Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my child’s photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for the promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

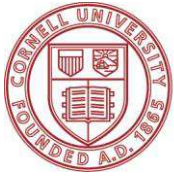
If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward (PRINT) _____

Name of Parent/Guardian: (PRINT) _____

Signature: _____

Date: _____



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Oswego County 4-H Shooting Sports Scholarship Application

There are 10 partial scholarships made possible through a donation from the Oswego County Federation of Sportsmen's Clubs. Each is worth \$20.00. Application should be completed by youth applicant.

Name _____

Address _____

Age _____ Telephone Number: _____ Email: _____

1. Which shooting sports discipline do you wish to participate in?
2. What do you hope to gain from the Oswego County Shooting Sports Program? (Please write on back if necessary.)

3. Are you currently active in a youth organization? NO YES

If yes, please name _____

4. Do you own a firearm? NO YES

If yes, briefly tell us about it. _____

5. Do you or a family member belong to sportsman club? NO YES

If yes, please share who and name of club _____

6. Please share why you feel you should be awarded a full scholarship to attend the Oswego County 4-H Shooting Sports Program. (Please write on back if necessary.)

Scholarship deadline April 22, 2016. One scholarship per family. Please return completed application to Oswego County 4-H Program, 3288 Main Street, Mexico NY 13114.

Building Strong and Vibrant New York Communities
Cornell Cooperative Extension in Oswego County provides equal program and employment opportunities.