

**CHIPPEWA COUNTY 4-H INDOOR PISTOL
REGISTRATION AND PERMISSION STATEMENT**

Name _____ 4-H Club _____
Birth date: _____ Grade: _____
Address _____ City/State/Zip _____
Telephone Number _____ Email Address _____
Parent/Guardian _____

Chippewa County 4-H youth are being offered a chance to learn the basics of pistol shooting and firearm safety. Shooting sports are enjoyed by young as well as old, and usually becomes a lifetime sport.

Age: Air Pistol – youth must be in 3rd grade AND 8 years old, or older. (Will use bench rest)
.22 Pistol – youth must be 12 years old AND completed Hunter Safety and/or one year air pistol. Youth 14 years old and older may take the .22 pistol class; however one year of air pistol is recommended.

Fee: \$20 for each youth (**Due February 12, 2016**)

Please make check payable to **Chippewa County 4-H SHOOTING SPORTS PROGRAM**

(NOTE: Limited income families who wish to request registration fee assistance may do so by calling or stopping by the Extension Office and confidentially speaking with Jackie Johnson, 4-H Youth Development Agent.)

Cost: .22 pistol classes will have a cost of \$3/100 rds. Air pistol will not have additional costs for pellets at this time.

Safety Equipment: Everyone on the range must wear eye and ear protection, whether shooting or not. There is some available to use at class if you do not have your own. Please make sure your name is on your personal equipment.

I hereby give permission for my child to be involved in the 2016 Chippewa County 4-H Pistol Program. I understand that my child will be working around pistol equipment. I release the University of Wisconsin-Extension, its employees and volunteer 4-H leader(s), along with Bloomer Rod & Gun Club, from any financial responsibility for sickness or accident to my child while in transit to or from, and in attendance at these weekly Shooting Sport events. I hereby authorize the event's responsible person to incur expense considered necessary to insure prompt attention in case of serious sickness or accident. I agree to pay for necessary expenses incurred, if this is not covered by accident or sickness insurance policy.

I also understand that during the course of the pistol program, it may be necessary to position my child or demonstrate such topics as safety, sighting in, marksmanship, and correct stance, which may include appropriate body contact.

I authorize the use of photographs or videos of my child, my family, and myself while attending or participating in the Shooting Sports program for educational or media purposes.

I understand that there must be basic rules for the pistol shoots and these rules must be maintained for the safety of all participants and volunteers. If the instructor deems that my child violates these rules, I understand that he/she may be immediately removed from the shooting practice/event.

I certify that my child is a 2015-2016 4-H member.

Signature of Parent/Guardian

Date

Please select one of the following:

_____ **.22 Pistol** Bloomer Rod & Gun Club – Saturdays (Feb 27, March 5, 12, 26, April 2 Awards Day) 12-1:15

_____ **Air Pistol** Bloomer Rod & Gun Club – Saturdays (Feb 27, March 5, 12, 26, April 2 Awards Day) 1:30-2:30 or 2:45-3:45

THIS IS NOT REGISTRATION FOR AIR RIFLE

Amount enclosed: _____ (\$20 for each youth participant)

Return to: Jackie Johnson, 4-H Youth Development Educator
Courthouse, Room 13
711 North Bridge Street
Chippewa Falls, WI 54729

If you have any questions, please contact Chad Philipps at 715-237-3160 or bloomerseptic@yahoo.com