

Kingman 4-H Shooting Sports



Below are the disciplines being offered through the Kingman 4-H Shooting Sports program for the 2018 calendar year. Participants must be eight years of age to practice within Kingman County. Keep in mind majority of the State Qualifying contest require participants to be eight as of January 1 of the current year. Below are the disciplines offered within our program. Please place an "X" beside the desired disciplines. Payment must be received in full before 4-Her will be eligible to practice. Fees are listed below per discipline. Please pay the full amount for the first discipline, \$5.00 for each additional discipline.

| Disciplines: | | |
|---|---|---|
| Shotgun (Must be 12 years of age) | \$20.00 | |
| Air Rifle | <u>\$</u> 10.00 | Please make checks payable to: |
| Air Pistol | <u>\$</u> 10.00 | Kingman County Shooting Sports |
| Archery | <u>\$</u> 10.00 | |
| BB Gun | \$10.00 | |
| 4-H Member Name: | 4-H <i>[</i> | Age:Birth Date: |
| | City/State/Zip: | |
| Email Address: | | |
| Home Phone: | Cell Phone: | |
| Liability Release: The K-State/Kingman County Extendue to any accident or loss that occurs as a result of I underst (Parent/Guardian Signature) 4-H member, I am responsible and must be punder the age of 14. *Program and rules are subject to change by the Kingman County coordinator and is subject to coordinator and is subject to change by the Kingman County coordinator and coun | participation in to and that as the resent for each | he Kingman County 4-H Shooting Sports Program. e parent/ guardian of the above mentioned n practice and event if the 4-H member is Committee. This committee is comprised of the certified |
| We, the parents of | ts Program. W operative Exte | e will not hold the project leaders, County nsion Service liable for any accidents. We |
| Parent/Guardian Signature | | Date |

Medical Release

| I give Kingman Shooting Sports Ir | istructors/Coordinator the authority to take | |
|-----------------------------------|---|---|
| to | seek Medical emergency treatment for any condition that | |
| might arise during 4-H Shooting S | sports discipline Training. | |
| | | |
| | | |
| Parent/Guardian Signature | Date | _ |