



# 2024 Green County 4-H Shooting Sports

## "Permission to Participate"

Ellen Andrews

4-H Youth Development Educator

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Please select the Shooting Sports discipline(s) you are participating in:

\_\_\_\_.22 Pistol (\$15) \_\_\_\_ .22 Rifle (\$15) \_\_\_\_ Air Rifle/BB Gun (\$15)  
\_\_\_\_ Air Pistol (\$15) \_\_\_\_ Archery (\$15) \_\_\_\_ Muzzleloading (\$15) \_\_\_\_ Shotgun (\$65)  
\_\_\_\_ Gr. 3-6 Master Shooter (\$30) \_\_\_\_ Gr. 6-8 Master Shooter (\$100) \_\_\_\_ Gr. 9-13 Master Shooter (\$100)

Has the participant completed Hunter Safety Education? (Required for Muzzleloader, .22 Rifle, .22 Pistol & Shotgun; optional for Air Pistol participation.) Yes\_\_\_\_ No\_\_\_\_ If yes, date/year completed\_\_\_\_\_

(Air Pistol Only) Has or will the participant have 4-H clinic experience with BB Gun/Air Rifle prior to the Air Pistol Clinic? Yes\_\_\_\_ No\_\_\_\_ If yes, date/year completed\_\_\_\_\_

The signature below states the participant agrees to follow the rules and regulations set forth by the Green County Shooting Sports Program and will not deviate from them. The participant agrees to follow all directions from the instructors to keep this program safe and enjoyable.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signature below states the participant's parent is allowing the child to be a part of the Green County 4-H Shooting Sports Program. The parent agrees to support the child and the program to their utmost ability.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I am interested in helping out with the shooting sports project. Please contact me at \_\_\_\_\_.

Please complete the following. This information will be kept confidential and used only for the welfare of the participant. Thank you!

In case of emergency, contact: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Contact person if parent/guardian not available: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

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Office Use ONLY:

Name (last, first):

Grade:

Paid \$: