



Extension
UNIVERSITY OF WISCONSIN-MADISON
ASHLAND COUNTY

[Extension Ashland County-University of Wisconsin-Madison](#)

201 West Main Street, Courthouse, Room 107, Ashland, WI 54806

Phone (715) 682-7017, FAX (715) 682-7922, 711 for WI Relay



Ashland County 4-H Riflery Series

Tuesday evenings, 6:30-8pm, May 21, 28, June 4

Location: Nortunen Farm 62467 Nortunen Rd, Marengo, WI 54855

Ages 12+ Cost \$5

Name of Participant _____ Grade: _____
Birthdate: ___/___/___

Parent/Guardian's name _____

Address _____ City: _____

Phone _____ Emergency/Cell Phone _____

Family Physician _____ Any health issues that we should be aware of or accommodation needed? Please specify (medications also):

I consent to have the 4-H leaders administer 1st aid and direct my child to emergency services if needed in the event that I cannot be contacted.

RULES OF CONDUCT

- 1. The participant will attend to and follow the directions of the activity facilitator(s)/volunteer leaders.**
- 2. The participant will bring any physical or emotional safety concerns immediately to the attention of the activity facilitator(s)/staff.**
- 3. The participant will avoid behavior that could be harmful to self, others, or property.**
- 4. The participant will refrain from engaging in course activities if he or she does not fully understand the activity instructions or the possible consequences of the risk involved in the activity. In addition, the participant will seek out clarification from the activity facilitator(s)/ volunteer leaders before continuing with the activity.**

By signing this form, you are stating that the participant and his or her parent(s)/guardian(s) have either informed the instructor, in writing, of any existing physical, mental or emotional conditions that could negatively affect or be affected by participation or have none to report. It also signifies that the participant and his or her parent(s)/guardian(s) are: 1) aware of and understand the rules of conduct and potential hazards inherent to this activity, 2) the minor chooses to voluntarily participate, 3) his or her parent(s)/guardian(s) are allowing the minors' participation in the activity with full consent and awareness.

Parent/Guardian Signature _____ Date _____

Current 4-H Member Name of 4-H Club: _____

Not a current 4-H member

****If not, please fill out the enrollment online at wi.4Honline.com****