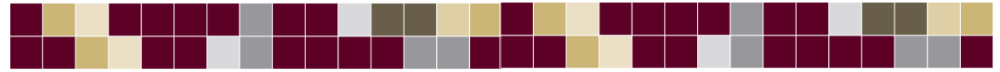


TEXAS A&M
AGRILIFE
EXTENSION

Texas 4-H Shooting Sports Program



2024 D6 4-H Spring Shooting Sports Coaches Training

Archery ✕ Pistol ✕ Rifle ✕ Shotgun

October 19 & 20, 2024

Midland, Tx

Only \$75 Registration Fee with the help of a
generous grant!

Register through 4-H Online

September 16th-29th

Late Registration

September 30th- October 6th

\$200 Registration and Late Fee

Green Injection Online training required to
attend please bring certificate to check in.

Instructions on Page 2.

For more information Contact:

Jamie Horton at 432-336-7541

Jamie.horton@ag.tamu.edu

Texas A&M AgriLife
Extension Service

4-H Youth

Development Program

1618 Airport Drive

Fort Stockton, Texas

79735

Phone: (432)336-7541

<https://d64-h.tamu.edu/>

Register Online:

<https://d6ssct2425.4honline.com>

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.

D6 4-H SPRING SHOOTING SPORTS COACHES TRAINING

The D6 4-H Youth Development Program is pleased to announce an opportunity for county 4-H programs to have adult volunteers, teen leaders and County Extension Agents certified as coaches in the following shooting sports disciplines: archery, pistol, rifle or shotgun . The training and certification will be conducted on October 19th & 20th at the Permian Basin Young Guns, 3802 ECR 160, Midland, Tx 79706.

This is a 2 day event. The check in will begin at 8:30 a.m. with training start promptly at 9 a.m. on Saturday and conclude when training is completed.

Other events dates and locations can be found at:

https://docs.google.com/document/d/1s-dAH2_xn3qX9pREBfURfxtSukI3WXTNXst8x5PnEV0/edit

Registration is open Monday, September 16th- 29th at midnight via 4-H Online, a very generous grant has lowered the fee to \$75. <https://d6sct2425.4honline.com>

ALL PARTICIPANTS MUST HAVE A CURRENT AND APPROVED 4-H CONNECT PROFILE TO REGISTER.

LATE REGISTRATIONS WILL BE ACCEPTED , but the cost will be increased to \$200.

Late registration is September 30th - October 6th only.

Registration is non-refundable. If necessary, only a transfer of registration for the same person can be made to the next D6 4-H Shooting Sports Coaches Training (date and location of this event is TBD). You will not be charged until the registrations are approved on March 6th. Please contact Jamie Horton 432-336-7541 to have your registration canceled before October 7th.

"Green Injection" Online Training is required in advance. Follow these steps to complete.

1. Go to the following website: 4-hshootingsportscollege.com
2. Click on the "Sign Up" button
3. Fill out their account information, and
4. When you are logged in, go to the "Clover Academy" tab
5. Pay/sign up for the course (\$25.00)

Listed below are the categories individuals can register for. A person may only register for one discipline.

1. COACH – if the individual will lead the program or have direct supervision of youth they should register for this category. A coach must be 21 or older. Cost is \$105 which includes two meals and resources. The participant must register on 4-H Online and be a screened volunteer.
2. ASSISTANT COACH – if the individual is between the ages of 14-20, they can assist a certified coach. Cost is \$105 which includes two meals and resources. The participant must register on 4-H Connect and either be a screened volunteer or current 4-H member. If under 18 years of age, the individual must be accompanied to the training by a certified coach or adult participating in the training. *An assistant coach can be upgraded to a full 4-H Shooting Sports Coach Certification with no additional training once an assistant has reached 21 years of age and is an approved volunteer leader via 4-H Online.*
3. CERTIFIED COACH – coaches who are already certified and attending as a chaperon to accompany an assistant coach. Two meals will be provided.
4. EXTENSION PERSONNEL – All County Extension Agents are welcome to attend as a professional development opportunity and become certified in a selected discipline. Resources and two meals will be provided. **Registration on 4-H Online is required, but no fee will be accessed.**

Lodging is not provided and must be arranged in advance. Information is provided on page 3 .

For registration information please contact

Jamie Horton in the District 6 office at 1-432-336-7541 or Jamie.Horton@ag.tamu.edu



SHOOTING SPORTS COACHES TRAINING



TEXAS 4-H YOUTH DEVELOPMENT

AGENDA

Saturday, October 19th

Breakfast on your own

8:30-9:00 a.m. – Participant Check-in

9:00 a.m. – Welcome and Orientation

9:30 a.m. – Discipline Training

12:00 p.m. – Lunch On-site

1:00 p.m. – Discipline Training

6:30 p.m. – Catered Meal

7:30 p.m. – Discipline Training
(optional; decision of instructor)

Sunday, October 20th

Breakfast on your own

8:30 a.m. – Discipline Training,
Testing and Evaluation

12:00 p.m. – Depart for Home

SHOOTING SPORTS COACHES TRAINING

Hotels for D6 4-H Shooting Sports Coach Training

Baymont by Wyndham Midland Center

3100 TX-158, Midland, TX 79706

Website

1-432-253-4000

6.23miles from Event Location

Avid Hotel Midland, an IHG Hotel

2308 I-20, Midland, TX 79706

Website

1-432-253-4000

7.3 mile from Event Location

MainStay Suites Midland

2500 S Lamesa Rd, Midland, TX 79701

Website

1-432-614-4524

7.7 miles from Event Location

Spark by Hilton Midland South

309 E Interstate 20, Midland, TX 79701

Website

1-432-704-5199

8.2 miles from Event Location

What to Bring As A Training Participant

Everyone attending should bring the following:

- Signed Waiver, Indemnification, and Medical Treatment Authorization Form (attached)
- Assistant Coach Acknowledgement Youth Form (if youth candidate; attached)
- writing materials and extra paper for notes
- highlighters if you use them for stressed points
- eye protection (shooting glasses or goggles) – recommended for archery, mandatory for all other disciplines
- ear protection (plugs or muffs) – mandatory for shotgun, rifle, and pistol disciplines
- comfortable outdoor clothing, including a cap or hat suitable for the prevailing weather and be prepared for inclement weather
- sunscreen
- range chairs if desired
- snacks and drinks between meals if desired
- open mind ready to learn and share

Shotgun discipline participants:

- 20- or 12-gauge shotgun, any action type
- Ammunition pouch or vest
- 2 boxes of shells

Archery discipline participants:

- Bow, of any style
- Appropriate arrows, practice points only, no broadhead hunting points

Rifle discipline participants:

- .22 caliber small bore rifle, of any style, preferably bolt action
- 1 box of .22 ammunition

Pistol discipline participants:

- .22 caliber small bore pistol, of any style
- 1 box of .22 ammunition

2024-2025 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

D6 4-H Shooting Sports Coaches Training

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H (“activity”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

6. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
7. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

In case of emergency, contact at the following number _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Primary Policy Holder Relationship to Participant: _____

Participants Primary Care Physician: _____

Participants Primary Care Physician Phone: _____

GENERAL HEALTH INFORMATION
My child's allergies, physical or medical conditions, and current medication(s) are as follows: _____

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: _____ Date: _____

