

**Cornell University**  
**Cooperative Extension**  
**Oswego County**

3288 Main Street  
 Mexico, New York 13114-3499  
 Tel: 315-963-7286  
 Fax: 315-963-0968  
 oswego@cornell.edu

*Oswego County 4-H Shooting Sports Summer Program - 2019*

- Open to all girls and boys, ages 12-19
- Enrollment fee: \$30.00 covers enrollment, materials, supplies, and safety equipment
- Taught by New York State 4-H Shooting Sports Certified Instructors
- Courses will meet once a week for five weeks
- **Parent or guardian MUST attend the first class with their child. Child cannot stay at the first meeting WITHOUT A PARENT OR GUARDIAN.**

**Rifle:** Thursdays, May 16 – June 13, 2019, 6-8 pm, North Sportsman’s Club, West Monroe

**Space is limited! Sign up now! Call Oswego County 4-H Program for detailed information if needed, 963-7286**

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**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Parent’s Name:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION FOR DURING CLASS:**

**Name** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

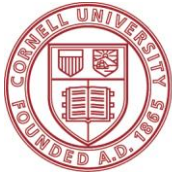
*Please list any medical conditions, disabilities, allergies or medications that may impair the youth’s functioning ability.  
 For example: Allergic to wasps: youth is taking 50 mg Benedryl*

**Program Desired:** \_\_\_\_\_ Summer Sampler \_\_\_\_\_ Rifle  
 \_\_\_\_\_ Youth HAS firearm experience \_\_\_\_\_ Youth DOES NOT have firearm experience

**PLEASE RETURN COMPLETED REGISTRATION AND ACKNOWLEDGEMENT OF RISK FORMs  
 WITH ENROLLMENT FEE (\$30.00) TO: Cornell Cooperative Extension Oswego County, 4-H Program,  
 3288 Main Street, Mexico, NY 13114**

*Building Strong and Vibrant New York Communities*

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans,  
 and Individuals with Disabilities, and provides equal program and employment opportunities.



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## **Acknowledgement of Risk Form**

*This form must be completed before child may participate.*

I hereby grant permission for my child \_\_\_\_\_ to enroll in **Oswego County 4-H and its Shooting Sports Program** sponsored by Cornell Cooperative Extension of Oswego County held on the date(s) of **May – June 2019** and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the above activities and my child’s participation in such activities and use of any equipment related to such activities may result in injury, illness, or death, and damage to personal property. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and **it at the minimum age of 12** required to participate in this activity, and is able to participate in any strenuous physical activity.

**I have read the above and by signing it I agree it is my intention to have my child participate in Oswego County Shooting Sports Program and I understand and accept the risks involved.**

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child’s participation in this activity shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

**PARENT/GUARDIAN’S NAME (print)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CHILD’S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHOTO RELEASE:**

Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my child’s photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for the promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward (PRINT) \_\_\_\_\_

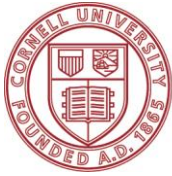
Name of Parent/Guardian: (PRINT) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Oswego County 4-H Shooting Sports Scholarship Application**

There are 10 partial scholarships made possible through a donation from the Oswego County Federation of Sportsmen's Clubs. Each is worth \$20.00. Application should be completed by youth applicant.

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Which shooting sports discipline do you wish to participate in?
  
2. What do you hope to gain from the Oswego County Shooting Sports Program? (Please write on back if necessary.)

3. Are you currently active in a youth organization?                      NO                      YES

If yes, please name \_\_\_\_\_

4. Do you own a firearm?    NO                      YES

If yes, briefly tell us about it. \_\_\_\_\_

5. Do you or a family member belong to sportsman club?                      NO                      YES

If yes, please share who and name of club \_\_\_\_\_

6. Please share why you feel you should be awarded a full scholarship to attend the Oswego County 4-H Shooting Sports Program. (Please write on back if necessary.)

**Return scholarship forms as soon as possible.** One per family. Please return completed application to Oswego County 4-H Program, 3288 Main Street, Mexico NY 13114.

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