

2016 National 4-H Shooting Sports Workshop Maine

The 2016 National 4-H Shooting Sports Workshop will be held at the **University of Maine 4-H Camp & Learning Center in Bryant Pond, ME**, June 6-10th, 2016. Registration is open from 1 to 5:30 pm. Dinner and training begins at 6pm and concludes on Thursday at 7pm. Participants have the option of spending the night and departing after breakfast Friday.

Registration fees --\$300.00 No registration accepted after May 23rd.

Registration includes meals, lodging and materials. A what to bring list will be sent to you with your confirmation packet.

Return completed application with full payment to your State 4-H Shooting Sports Coordinator. Coordinators are to return completed applications to: University of Maine, National SS registrations PO Box 188, Bryant Pond, ME 04219. Registration is considered complete when all forms and full payment is received. Payment is requested to be ONE CHECK PER STATE if possible. Registration is on a first come, first serve basis. The National Committee may limit participant number in a discipline in order to maintain a quality educational experience. Participants at National Workshops must have the approval of their State 4-H Shooting Sports Coordinator.



| | |
|-------------------------|----------------|
| Your State Coordinator: | _____ |
| Coordinator Address: | _____ _____ |
| Coordinator Phone: | _____ |
| Coordinator Email: | _____ |

The University of Maine does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information or veteran's status in employment, education and all other programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Director, Office of Equal Opportunity, 101 North Stevens Hall, 207.581.1226

PARTICIPANT INFORMATION

Name: _____ Mr. Ms. Mrs.

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Business Phone: _____ Fax Number: _____

Cell Phone: _____ Email: _____

Gender: Male _____ Female _____

In order for a participant to attend a National 4-H Shooting Sports Workshop, he/she must meet the following guidelines:

1. Have state 4-H (Level 1) certification in the discipline in which they are enrolling & Understand that this is National 4-H (Level 2) instructor training with the expectation that the participant return to their respective state to become a member of their state teaching team where they will commit to assist in teaching one state workshop annually for 3 years.
2. Have a minimum level of experience teaching in the discipline to be determined by each discipline instructor(s).
3. Have interest in 4-H and youth development.
4. Endorse the train-the trainer concept in basic shooting skills.
5. A participant may only attend two (2) workshops within a five (5) year period with exception that a participant may attend a third workshop in the coordinators class.
6. Must have previous experience teaching youth and/or adults in your respective state.
7. Have current 4-H Volunteer status or Extension Faculty status in their state.
8. Must be recommended by the respective State 4-H Shooting Sports Coordinator.

State 4-H Shooting Sports Coordinator Verification: I verify that this individual has met the guidelines of the National 4-H Shooting Sports Committee to attend the National training.

State Coordinator Signature: _____ Date _____

Please rank your first, second, and third choice of discipline area (Note: you will participate in only one discipline throughout the entire week long training): Use 1, 2, or 3 in the box by your preference. Change of discipline after acceptance of registration will be highly unlikely and if that opportunity exists, must be approved by State Coordinator.

- | | |
|---|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Pistol |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Shotgun |
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Muzzle loading |
| <input type="checkbox"/> Hunting / Wildlife | |

I understand that if I attend this workshop, I will assist with at least one state level 4-H Shooting Sports Training workshop for leaders in my state each year for the next three years.

Signature of Applicant: _____

If you need an accommodation in housing, meals, medical care or programming for any reason including dietary restrictions, gender identity, disability or medical conditions, please call our office at 207-665-2068 to discuss your needs. Receiving a request for accommodations at least three weeks prior to program start provides a reasonable amount of time to meet the request. All requests will be considered.

Experience with 4-H or Other Youth Organizations

Please describe your experience working with youth through 4-H, Scouts, or similar organizations.

Previous 4-H Shooting Sports Training

List your previous 4-H shooting sports training received, and any certification you have received.

| Discipline | Training Received | Date | Certification Level |
|------------|-------------------|------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Shooting Background

Do you have hunting experience? Yes No Number of Years _____

| | |
|-----------------------|--|
| Types of Hunting: | |
| Specialized Training: | |
| Honors/Recognition: | |

Competitive Experience

Do you have competitive experience? Yes No Number of Years _____

| | |
|------------------------------|--|
| Disciplines: | |
| Past/Present Classifications | |
| Specialized Training: | |
| Honors/Recognition: | |

Community Activities

Please list your participation in community activities and organizations, and offices or leadership positions held.

| Organization or Activity | Offices/Leadership Positions Held | Honors/Recognition |
|--------------------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |

Hobbies/Other Interests

Describe any other interests, skills, or hobbies you enjoy.

References

Please list two references who will endorse your qualifications.

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |

Cancelation Policy: I understand that U-Maine 4-H Camp & Learning Center does not refund program fees for dismissal, or voluntary withdrawal. U-Maine 4-H Camp refunds fees (less a non-refundable \$50.00) up to 28 days before the start of the program. All returned checks will be charged a \$30 bank fee.

I understand that I am responsible for any medical expenses that may be incurred by me while attending U-Maine 4-H Camp & Learning Center.

Contacts:

Ron Fournier, Bryant Pond Camp Director: ronald.fournier@maine.edu

Umaine.edu/bryantpond

For registration questions, please call the office at (207) 665-2068, fax (207) 665-2768

**UNIVERSITY OF MAINE SYSTEM
BRYANT POND 4-H CAMP AND LEARNING CENTER
RELEASE AND ASSUMPTION OF RISK**

I, _____, in consideration of participating in the Bryant Pond 4-H Camp and Learning Center Program, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in a program at Bryant Pond 4-H Camp and Learning Center from June 6th, 2016 to June 10, 2016, and in consideration of participating in the program, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate, and agree to be bound by the terms of this Release and Assumption of Risk.

2. That I have been fully informed of the nature, scope and demands of the camp program, and I understand that the program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death. Such dangers, hazards and risks of this program may include, but are not limited to, injuries inflicted by swimming; small craft/boating; intense physical exertion; exposure to elements such as severe weather, heat, cold, sun, biting insects, and fire; vehicles, bicycles, and travel by foot over varied terrain.

3. That the University of Maine System and/or Bryant Pond 4-H Camp and Learning Center (hereinafter referred to as the "University") has informed me that there may be dangers and hazards inherent to participants in the Camp Program because of the activities and travel involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to or which I may cause to others, and for all damages or loss to any personal property owned by me or damaged by me while participating in the Camp Program and during all travel and transportation, and, in furtherance thereof. I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Camp Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4. I declare that I have carefully reviewed the nature, scope and demands of the camp program as outlined in section 2 above; that I have reviewed the risks associated with participation in the camp program as outlined in section 3 above.

5. I declare that I am able to physically withstand and cope with the indicated rigors of the Camp Program with or without a reasonable accommodation. If an accommodation is needed, I will contact Ryder Scott at 207-665-2068, or ryder.scott@maine.edu.

6. I agree not to hold the University responsible for itinerary changes to, early termination or non-operation of any Camp program caused by weather, low enrollment, unusual water levels, strikes, political or diplomatic changes or other causes beyond the control of the Bryant Pond 4-H Camp and Learning Center.

7. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

Assented and agreed to on this _____ day of _____, 20____.

Signature of adult participant



UNIVERSITY OF MAINE SYSTEM PHOTO RELEASE AGREEMENT

I, _____, hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees, that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.

Name: _____ **Birth Date:** _____

Dated: _____ **Signed:** _____



Health History for Adult Programs (Optional)

Name: Last _____ First _____ MI _____

Home Address

Street: _____ City: _____

State: _____ Zip Code: _____

Birth Date _____ Gender _____

Phone: Home _____ Cell _____ Work _____

Mailing address (if different from above)

Street: _____ City: _____

State: _____ Zip Code: _____

Emergency Contact:

Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

Address: _____

Insurance Information

Are you covered by family medical and hospital insurance? Yes _____ No _____

If so, provide carrier and plan name _____ Group # _____

A photocopy of both sides of your insurance card must be attached to this form.

Adult Participant Signature* _____

Printed Name _____ Date _____

*If for religious reasons you cannot sign this, contact the UMaine 4-H Camp & Learning Center for a legal waiver that must be signed to allow attendance.

Health History

The information provided here gives UMaine 4-H Camp & Learning Center health care personnel the background needed to provide appropriate care, and the program personnel the information needed to provide a safe, healthy, and appropriate experience. Any changes to this information should be provided to health care personnel upon arrival at camp.

Allergies

1. Are you allergic to any food, medication, or other substance? Yes ___ No ___
If yes, please list all allergens and describe your reaction to them:

2. Have you ever had any unusual reaction to an insect bite or bee sting? Yes ___ No ___
If yes, please explain:

Medications

1. Do you currently take a prescribed medication or treatment (including over-the-counter and homeopathic remedies)? Yes ___ No ___
2. Do you self-administer any medication, such as an inhaler, or carry an epipen or anakit?
Yes ___ No ___

Comments: _____

Dietary Restrictions – Please check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat eggs |
| <input type="checkbox"/> Does not eat poultry products | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat dairy products |

Other (please describe):

Disabilities or Physical Restrictions (Optional)

Please describe any disabilities or physical restrictions of which you want us to be aware, and any reasonable adaptations or accommodations that are requested.

Any person with a disability who needs accommodations for the program should contact the appropriate Camp Director to discuss their needs, preferably at least 21 days in advance.

Bryant Pond – Ronald Fournier, ronald.fournier@maine.edu or 207-665-2068

Optional - It is important that we ensure equal opportunity to all who might benefit from our programs. As a way to document those we are reaching, we are seeking the following information on an optional and anonymous basis.

Please describe your race

- | | |
|--|---|
| 1} ___ American Indian and Alaska Native | 4} ___ Hispanic or Latino |
| 2} ___ Asian | 5} ___ Native Hawaiian and other Pacific Islander |
| 3} ___ Black or African American | 6} ___ White (Caucasian) |

The information that you share with us is confidential