



Ole Mill Range
GEORGIA COMPETITIVE SHOOTERS /
SPALDING COUNTY 4-H SHOOTING SPORTS
Aug 2019 - Jul 2020

Indicate discipline:
BB Gun
RIFLE
Sporter Air
Precision Air
RimfireSporter
Precision Smallbore
PISTOL
Air Pistol
Progressive Position

Name: _____

Address: _____ City _____ Zip: _____

Your email address: _____ Cell Phone #: _____

Gender: (circle one) Male Female

Home Phone: _____

Cell Phone: _____

Ages 19 and under School: _____ County: _____

Grade: _____ Birthday: Month _____ Day _____ Year you were born _____

Race: (circle one) White African American Hispanic Asian Other _____

Is your Dad or Mom in the Military right now? (circle one) Yes No

Dads name (first and last) _____

Dads Phone Numbers: Home: _____ Cell: _____

Dads email address: _____

Moms name (first and last) _____

Moms Phone Numbers: Home: _____ Cell: _____

Moms email address: _____

Please provide membership number and expiration date for current memberships.

Member Number / Amount

CMP Competitor ID Number (No charge - only apply once) _____/XXXXXX

GCO Georgia Carry (\$20.00 annual) _____/_____

NRA - National Rifle Association (\$10.00 associate annual) _____/_____

USA Shooting (Membership: Junior \$30.00/ Adult 40.00 per year) _____/_____
Choose one:

- ☐ **Annual Shooting Sports Activity Fee: Membership Expires 7/31/2020**

Cost is \$240 + other required memberships

Annual membership benefits : _____/\$240.00

Can split total due into 3 payments.

Eligible for club equipment borrowing program.

- ☐ **Monthly Shooting Sports Activity Fee:** _____/\$ 30.00

Due by 1st of the month

Expires on last day of month.

- ☐ **One time use** _____/\$ 10.00

Total \$ _____

~~~~~ BB ONLY ~~~~~

**BB Annual Fee: \$200.00 (Includes NRA membership)** \_\_\_\_\_/\_\_\_\_\_

**BB Intro and Safety class (6 week class) Fee: \$50.00** \_\_\_\_\_/\_\_\_\_\_

Make checks payable to **Georgia Competitive Shooters**

# Georgia 4-H Medical Information & Release Form

*This form should be completed prior to each 4-H event.*



EVENT: SAFE Rifle Pistol Date(s) of EVENT: 2019-20

## 4-H'ers Information

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Phone \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Text: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

## Medical Information

*The following information is requested in case of accident or illness to better treat your child.*

*The information is optional and not required for participation.*

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Describe any recent illness or injury: \_\_\_\_\_

Describe any pre-existing conditions: \_\_\_\_\_

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

9/23/2016

PLEASE COMPLETE BOTH SIDES



## Over the Counter & Prescription Medication Summary



4-H'ers Name \_\_\_\_\_ County Spalding

Parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

**Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.**

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever  
☐Yes ☐No \*\*\* Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose  
☐Yes ☐No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose  
☐Yes ☐No
4. Sore throat relief spray for sore throat  
☐Yes ☐No
5. Cough Drops for coughing  
☐Yes ☐No
6. Itch and rash relief cream/ointment for minor skin irritations  
☐Yes ☐No
7. Lubricating eye drops for eye irritations  
☐Yes ☐No
8. Oral pain relief gel for tooth/mouth discomfort  
☐Yes ☐No
9. Triple antibiotic ointment for minor skin abrasions/wounds  
☐Yes ☐No

**Please list any prescription or over the counter medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional.** Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form.

| Medication | Condition being treated for |
|------------|-----------------------------|
|            |                             |
|            |                             |
|            |                             |
|            |                             |

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# GEORGIA 4-H CODE OF CONDUCT

|                     |                                   |
|---------------------|-----------------------------------|
| 4-H'ers Name: _____ | County <u>Spalding</u>            |
| Address: _____      | Phone _____                       |
| School: _____       | Grade: _____ Year: <u>2019-20</u> |

## BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

## CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

*If 4-H'ers are found participating in actions listed below, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident.* In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

*If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior.* 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Breaking curfew or disturbing the peace</li> <li>• Unexcused absences from the activities or premise of an event</li> <li>• Unauthorized use of vehicles during the event</li> <li>• Reckless or inappropriate behavior</li> <li>• Use of foul or offensive language</li> <li>• Possession or use of alcohol or tobacco</li> </ul> | <ul style="list-style-type: none"> <li>• Breach of the 4-H Code of Ethics</li> <li>• Remaining in the presence of those who are breaking the 4-H Code of Conduct</li> <li>• Theft, misuse or abuse of public or personal property</li> <li>• Possession of fireworks</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature \_\_\_\_\_

Date \_\_\_\_\_

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

VALID FOR ONE YEAR FROM DATE OF SIGNING







Form B

**INDEMNIFICATION, HOLD HARMLESS, DEFENSE, WAIVER,  
RELEASE AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being permitted entry to and/or use of "Premises" of Spalding County Shooting Sports and Georgia Competitive Shooters, Inc. ("Club") for whatever purpose, including, but not limited to, use of firearms by them and/or another, and with full knowledge that firearms are used and discharged on Club Premises, (Individual) \_\_\_\_\_, a minor, by and through (Parent) \_\_\_\_\_ his/her parent and/or legal guardian (individually and together "Undersigned") agree to the following:

**Undersigned** agree to indemnify, hold harmless, and defend Club from any and all fault, liabilities, costs, expenses, claims, demands, and/or lawsuits arising out of, related to, or in any way connected with, any and all actual or alleged acts or omissions of **Undersigned** in the course of **Undersigned's** presence on and/or use of Club's range, buildings, facilities, and land (together comprising "Premises") including, but not limited to, **Undersigned's** use of firearms.

**Undersigned** further waive for themselves and for their heirs, next of kin, assignees, personal representatives, administrators, and executors any and all rights and claims for damages, loss, costs, demands, and any other actions or claims whatsoever, which they may have or which may arise against Club (including, but not limited to, damage to **Undersigned's** property and/or any and all illnesses, injuries, including mental or emotional distress or anguish, and other damages, including death, suffered by **Undersigned**) which may in any way whatsoever arise out of, be related to, or be connected with use of firearms on Club Premises by **Undersigned** and/or another.

Club shall not be liable for, and **Undersigned**, on behalf of themselves and on behalf of their heirs, next of kin, assignees, personal representatives, administrators, and executors, expressly release Club and Club's members, employees, and/or agents from any and all such claims and liabilities including, but not limited to, claims of actual or alleged negligence on the part of Club, its members, employees, and/or agents.

**Undersigned** acknowledge and agree that use of firearms is an inherently dangerous activity. **Undersigned** expressly assume the risk of being on Club Premises where firearms are used; and **Undersigned** further expressly assume the risk of discharging firearms by whomever discharged and the firing of live ammunition by them and/or another.

**Undersigned** expressly agree that this agreement by them, individually and together, is intended to be as broad and inclusive as permitted by law and that if any provision of this agreement is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired. No remedy conferred by any of the specific provisions of this agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. The election of any one or more remedy hereunder by Club shall not constitute any waiver of Club's right to pursue other available remedies. This agreement binds **Undersigned** and their heirs, next of kin, assignees, personal representatives, administrators, and executors.

**Undersigned** acknowledge and agree that **Undersigned** have read this agreement and they understand its terms and are executing this agreement voluntarily. **Undersigned** also acknowledge and agree that they have read, understand, and will at all times abide by all range rules and procedures and any other rules and procedures stated by Club.

UNDERSIGNED:

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

\_\_\_\_\_  
Signature (Minor)\_\_\_\_\_  
Print Name (Minor)\_\_\_\_\_  
Signature (Parent and/or Legal Guardian)\_\_\_\_\_  
Print Name (Parent and/or Legal Guardian)

## Range Rules:

1. **Sign in** when you enter the range.
2. Obey all safety rules.
3. IMMEDIATELY OBEY ALL COACHES COMMANDS. The Chief Range Officer, Coaches, and Range Safety Officers may eject any person in the range area for unsafe actions or behavior at any time with no warning or appeal.
4. NO running.
5. NO reckless or aggressive behavior.
6. All accidents or injuries must be reported to a COACH immediately.
7. **Respect** through language and behavior for Coaches/Parents/fellow athletes is required.
8. Good sportsman-like behavior is always required.
9. BB gun classes require a parent/guardian for the entire class period.
10. Participants may not be dropped off or drive themselves- **a parent or guardian must be present**- unless prior approval is granted by club leadership.
11. Visiting participants must be accompanied by a parent/ guardian.
12. Respect for the facility is required.
13. At the conclusion of each practice or match, participants are required to help with clean up. Each participant is responsible for:
  - ~ removing any trash they bring, including drink containers, food wrappers,
  - ~ targets, spilled BB's/pellets, spent brass, etc.,
  - ~ and returning chairs to proper position, equipment to its proper place.
14. Before any food or drink is consumed, wash hands. This is for the safety and health reasons.
15. No pets allowed.
16. Any equipment borrowed must be pre-approved by club leadership and signed out.

I have read and understand the Ole Mill Rules, and I agree to abide by them. I also understand that failure to abide by the rules can result in my suspension from the program and forfeiture of all associated program fees.

Date \_\_\_\_\_

Student name \_\_\_\_\_ Student signature \_\_\_\_\_

Parent name \_\_\_\_\_ Parent signature \_\_\_\_\_



**USA Shooting: Release of Liability and Waiver**

In consideration of my participation in any USA Shooting program, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that shooting involves risk of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inaction, those of other participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below, and that there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue USA Shooting, their respective administrators, directors, agents, officers, volunteers and employees and any sponsors and advertisers of any USAS sanctioned event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases. This release, waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses or damages arising out of the gross negligence of or intentional, willful or wanton misconduct of Releases. If I or anyone on my and / or my minor child's behalf makes a claim against any of the Releases, I will indemnify, defend, save and hold harmless each of the Releases from any loss, liability, damage or cost which may incur as a result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
print name

☐ I agree to this release.      ☐ I DO NOT agree to this release.

|                                                                            |
|----------------------------------------------------------------------------|
| <p><b>NOT</b> required for <b>BB MEMBERS</b> or <b>SPORTER MEMBERS</b></p> |
|----------------------------------------------------------------------------|



# Membership Application

PO Box 142924  
Fayetteville, GA 30214

Please complete and sign the following application form with a check for your membership dues/donation, mail to the address listed at the top of the page. We will contact you shortly with your membership confirmation.

|                               |                                                                                                                            |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Membership Type: New _____    |                                                                                                                            |
| Renewal _____                 |                                                                                                                            |
| (Membership #: _____)         |                                                                                                                            |
| Name: _____                   |                                                                                                                            |
| Address: _____                |                                                                                                                            |
| City: _____                   | Phone: _____                                                                                                               |
| State: _____                  | Email Address: _____                                                                                                       |
| Zip: _____                    | (Providing a legible and active email address will save time and costs so we can commit more resources towards our goals.) |
| County (If in Georgia): _____ |                                                                                                                            |

**Comments:** (Please take a moment to let us know how you found out about our organization and to describe your reasons for wanting to join us.):

**How can you help?** (Describe any special skills or relationships that you have that may help us with our goals of weapons carrying law reform in Georgia):

**Do you agree** to GCO calling you when we are in need of volunteers to man recruiting efforts? **Yes** \_\_\_\_ **No** \_\_\_\_

## Membership Options

Annual Membership dues and donations help support GeorgiaCarry.org in carrying our various legal projects, public awareness campaigns and education sessions. Life Memberships are also available for a onetime payment of \$500 or through our Provisional Life Membership payment plan. We are very excited about the projects we are participating in and would love to be able to count on you for your support. Please indicate below how you can offer to support GeorgiaCarry.org.

|   |                                                                                                                                      |           |                 |           |
|---|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|-----------|
|   | GCO Yearly Membership                                                                                                                | ____ Year | \$20.00/Year    | \$____.00 |
|   | GCO Provisional Life Membership - \$200 down plus \$100 per Trimester Until \$500 Total is Paid – Must Complete by 1 Year From Today |           | Initial Payment | \$200.00  |
|   | GCO Life Membership                                                                                                                  |           |                 | \$500.00  |
|   | GCO Donation                                                                                                                         |           |                 | \$_____   |
| X | Total Received                                                                                                                       |           |                 | \$_____   |

I hereby apply for membership in GEORGIA CARRY.ORG, Inc. I certify that I support the Constitution and the Bill of Rights of the United States of America. I am not a member of any organization or group which has as any part of its program the attempt to overthrow the Government of the United States of America or any of its political subdivisions by force or violence.

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

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

## Club Needs

### Volunteers:

What can you help with? Please let us know if you have interest and/or experience:

- ☐ Coaching
- ☐ Fundraising
- ☐ Target scoring
- ☐ Range maintenance
- ☐ Publicity
- ☐ Range Safety Officer
- ☐ Event planning/preparation
- ☐ Gunsmith
- ☐ Other \_\_\_\_\_

### Donations

- ☐ Toilet paper
- ☐ Paper towels
- ☐ Hand soap
- ☐ Bleach, Pinesol, Fabuloso
- ☐ Paper
- ☐ Toner
- ☐ Bottled water
- ☐ Other \_\_\_\_\_

Do you have expertise in an area and are you willing to volunteer in that area?

Select **YES** or **NO**. If Yes, please describe: \_\_\_\_\_

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