



4-H Shooting Sports Instructor Training

Certification Training for 4-H Adult Volunteers in the 4-H Shooting Sports Program



Date: **March 10-11, 2018**

Location: **Oklahoma City Gun Club – Arcadia, OK**

Cost: Registration fee covers instructor manual, class materials, meals, snacks and insurance - \$80.00

Courses Archery, Shotgun, Muzzleloader, Pistol, Rifle, Hunting Skills or Coordinator

MAKE CHECKS PAYABLE TO: 4-H Conferences

Curriculum: Based on the National 4-H Shooting Sports Curriculum materials. Training will be offered in the following disciplines: **Archery, Hunting Skills, Muzzleloader, Pistol, Rifle, Shotgun shooting disciplines and County Coordinator**. Adult volunteers may enroll in one discipline and receive discipline training that qualifies them to instruct 4-H members in their home county or serve as the county's shooting sports program coordinator. These instructors will broaden the base of the OK 4-H Shooting Sports Program.

Resources: Individuals who have attended and successfully completed National 4-H Shooting Sports certification will serve as shooting discipline and coordinator instructors.

Why Participate: The 4-H Shooting Sports program is one of the largest 4-H programs in the nation. Community based and family oriented, the 4-H Shooting Sports program offers a diverse curriculum that not only helps young people develop good citizenship, personal responsibility, and leadership skills but also teaches shooting safety and gun owner responsibility. Leaders will be trained to help youth learn self-discipline, sportsmanship, ethical behavior, and an appreciation for the great outdoors.

Requirements: Shooting Sports Instructor Training Participants must be a certified 4-H Volunteer in their home county. All adults serving as county coaches in any discipline or as the county coordinator of the 4-H Shooting Sports Program must complete and pass the entire training in their discipline or as a coordinator and the Youth Development/Risk Management component. **The instructor in each class reserves the right to NOT certify a person if he/she feels the candidate will not be a competent instructor or coordinator.**

To Register: Registration must be **received by March 2, 2018** and will be sent to the State 4-H Office. The following documents are required to register for this event and your registration won't be counted until MONEY is received!

- Instructor Workshop Application (1 page) *Signed by Extension Educator*
- Registration Fee – Make payable to **4-H Conferences**
- Voluntary Information Form (1 page – optional)
- Oklahoma 4-H Adult Emergency Information and Authorization for Medical Care Form and Release Form (2 pages)
- Risk and Release of Claims and Publicity Release (1 page)

Registration Fee: Includes: Coach's shooting discipline notebook
Ammunition and targets for Muzzleloader, Pistol, Rifle,
Hunting Skills and Shotgun.
The use of firearms and bows
Workshop materials
Accident Insurance
Meals: Lunch & Dinner on Saturday and Lunch on Sunday. Refreshments and drinks



Schedule: **Attached** is the schedule for the two-day training. Registration: **Saturday, March 10th** will start at **8:00 a.m. for Shotgun, Pistol/Rifle and Hunting Skills** and **10:45 a.m. for Archery, Muzzleloader disciplines and County Coordinator**. Instruction in the disciplines will continue on **Sunday, March 11th till 5:00 pm**. Each National Certified Instructor will administer a discipline Practicum Readiness Session and certification written assessment. Satisfactory students will graduate at the conclusion of hands on training and assessment.

Safety Equipment: All participants can bring their own **eye protection** (shooting glasses) and ear plugs.

Directions: **Oklahoma City Gun Club:** The Range is located north of the town of Arcadia, east of Edmond. From I-35, take Exit 141, which is the old route 66 eastbound. Arcadia is approximately 7 miles.

Just past the middle of the town is a left turn for Anderson Road. You may also continue further east beyond Arcadia for another mile to Hiwassee Road and turn left. The main club entrance is closest to the Anderson Road entrance.

In either case, proceed northbound for approximately 3 miles until you arrive at Sorghum Mill Road (also marked as NE 234th Street).

Then:

- From Anderson Road, turn right onto Sorghum Mill/234th St. and look for the main entrance to the Gun Club about 1/2 mile east on your left.
- From Hiwassee, to reach the main club entrance, turn left onto Sorghum Mill/234th St and look for the main entrance about 1/2 mile on your right.

For More Info: **Registration**
Kayla Lindsey
State 4-H Sr. Administrative
Support Assistant
kayla.lindsey@okstate.edu
(405) 744-8885

Shooting Sports or Training Questions
Terry Nelson
State 4-H Program Assistant
Oklahoma 4-H Shooting Sports Program Coordinator
terry.nelson@okstate.edu
O: (405) 744-9645 or C: (405) 334-7866



Discipline Descriptions

ARCHERY

Prerequisites: Certified 4-H Volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 13 hours discipline instruction plus 3 hours 4-H Youth Development and Risk Management instruction. After passing training, instructors can: Teach youth ages 9 and up in compound, recurve and Genesis archery. Depending on district, related 4-H events include invitational, district, and state shoots in indoor, Field Round, FITA, and 3D shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years or assist with state contests AND report the classes to your county Extension Educator.

Minimum Attendance: 5

Maximum Attendance: 10

HUNTING SKILLS

Prerequisites: Certified 4-H Volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 16 hours of Hunting Skills discipline instruction plus 3 hours 4-H Youth Development and Risk Management instruction. After passing training, instructors can: Teach youth ages 9 and up in Hunting Skills. 4-H events and the state contest.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years or assist with state contests AND report the classes to your county Extension Educator.

Minimum Attendance: 3

Maximum Attendance: 10

MUZZLELOADER (Black Powder)

Prerequisites: Certified 4-H Volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 13 hour muzzleloader discipline instruction plus 3 hours 4-H Youth Development and Risk Management instruction. After passing training, instructors can: Teach youth 4-H age of 14 and up. Depending on district, related 4-H events include invitational, district, and state shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years AND report the classes to your county Extension Educator.

Minimum Attendance: 2

Maximum Attendance: 8



PISTOL/RIFLE (Air and .22)

Prerequisites: Certified 4-H Volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 16 hours of pistol/rifle discipline instruction plus 3 hours 4-H Youth Development and Risk Management instruction. After passing training, instructors can: Teach youth ages 9 and up in air rifle and ages 12 and up in .22 rifle (after having completed air rifle training). They can also teach youth 4-H age of 12 and up in air pistol and 4-H14 and up in .22 pistol (after having completed air pistol training). Depending on district, related 4-H events include invitational, district, and state shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years or assist with state contests AND report the classes to your county Extension Educator.

Minimum Attendance: 5

Maximum Attendance: 12

SHOTGUN

Prerequisites: Certified 4-H Volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 16 hours of shotgun discipline instruction plus 3 hours 4-H Youth Development and Risk Management instruction. After passing training, instructors can: Teach youth 4-H age of 10 and up in shotgun. Depending on district, related 4-H events include invitational, district, and state shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years or assist with state contests AND report the classes to your county Extension Educator.

Minimum Attendance: 5

Maximum Attendance: 10

COUNTY COORDINATOR

Prerequisites: Certified 4-H Volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 13 hours of county program coordinator instruction plus 3 hours 4-H Youth Development and Risk Management instruction. After passing training, coordinators can: coordinate with certified shooting sport coaches about discipline orientation sessions, practice schedules, contests events, related shooting sports activities and the county shooting sports club. Coordinator would receive information from certified shooting sports instructors about trainings conducted, 4-H members certified and certified shooting sports coaches assisting with the various disciplines and report this summarized information to the county OSU Extension center.

Maintain Certification: 4-H Shooting Sports coordinator must work with certified shooting sports instructors and county OSU Extension Educators to keep their certification. After a two-year period of not serving as a coordinator, certification will be lost.

Minimum Attendance: 3

Maximum Attendance: 10



OKLAHOMA 4-H SHOOTING SPORTS WORKSHOP

Instructor Certification Training

March 10-11, 2018
Oklahoma City Gun Club
Arcadia, OK

Saturday, March 10th

8:00 -- 8:15 a.m.	Pistol/Rifle, Hunting Skills and Shotgun Registration ONLY
8:15 a.m. -- 11:00 p.m.	Pistol/Rifle, Hunting Skills & Shotgun First Shot Fundamentals and Discipline Training
10:45-11:00 a.m.	Archery, Muzzleloader and County Coordinator Registration
11:00 a.m. -- 12:00 p.m.	General Session with 4-H Youth Development and Risk Management
12:00 -- 1:00 p.m.	Lunch and National Instructor's Meeting
1:00 -- 5:00 p.m.	Pistol/Rifle, Hunting Skills and Shotgun Discipline Training Continues Archery and Muzzleloader First Shot Fundamentals and Discipline Training County Coordinator Training
5:00 -- 6:00 p.m.	General Session with 4-H Youth Development
6:00 p.m.	Dinner and National Instructor's Meeting
7:00 -- 9:00 p.m.	Discipline Training Continues

Sunday, March 11th

8:00 a.m. -- 10:30 p.m.	Disciplines Training and Practicum Readiness
10:30 a.m. -- 11:30 p.m.	General Session with 4-H Youth Development and Shooting Sports Forms
11:30 p.m. -- 12:30 p.m.	Lunch and National Instructor's Meeting
12:30 -- 3:30 p.m.	Discipline Practicum Rotations
3:30 -- 4:30 p.m.	De-brief Practicum Teaching Written Assessment and Review / Discipline Wrap-Up and Packing
4:30 -- 5:00 p.m.	Training Evaluation -- Graduation -- Closing Comments
5:00 p.m.	Adjourn and Go Home

Registration Deadline: March 2, 2018

No alcohol is permitted at this 4-H activity.

**2018 OKLAHOMA 4-H SHOOTING SPORTS
INSTRUCTOR WORKSHOP APPLICATION**

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

County: _____ E-mail: _____

Required auxiliary aids or services due to a disability (please specify): _____

You may only attend one discipline during the training, however, please rank your 1st, 2nd and 3rd choices of disciplines to attend. (Rank only the disciplines you are willing to attend and serve as an instructor for in your county for a period of 1 year.) This will help us ensure you a space at the training.

___ Archery ___ Hunting Skills ___ Muzzleloader ___ Pistol/Rifle (Air & .22)

___ Shotgun OR ___ County Coordinator

All Participants must attend the 4-H Youth Development and Risk Management sessions!

I understand that if accepted to attend this workshop, I am agreeing to serve as an instructor in the 4-H Shooting Sports program for a minimum of one year. I also understand that I will be expected to attend the total instructional period in order to become certified.

Signature of Applicant

Print Name

E-mail Address

Cell Phone Number

Signature of endorsement by County Extension Educator certifying the applicant is a 4-H Certified Volunteer in your county and has been selected to attend 4-H Shooting Sports Instructor Training.

Signature of Ext. Educator _____ Date _____

Mail signed registration form and registration fee to:

**4-H Conferences
205 4-H Youth Development Building
Stillwater, OK 74078**

Registration and Payment must be received by **March 2, 2018** to:
4-H Conferences
205 4-H Youth Development Building
Stillwater, OK 74078

Make checks payable to: **4-H Conferences**

VOLUNTARY INFORMATION

To assist us in evaluating our efforts in Civil Rights and Affirmative Action compliance, we ask that you **voluntarily provide** the following information. You are under no obligation to do so, and no benefits or services by OCES will be affected by your decision regarding the disclosure of this information.

PLEASE INDICATE THE RACIAL GROUP WITH WHICH YOU IDENTIFY:

☐ Black ☐ White ☐ Hispanic ☐ Asian / Pacific Islander
☐ Native American Indian or Alaskan Native ☐ Other

DO YOU AFFILIATE WITH ANY NATIVE AMERICAN TRIBE
(a role number is not required for affiliation)

☐ NO ☐ YES, if yes with which tribe? _____

FOR INDIVIDUALS WITH DISABILITIES WHO REQUIRE AUXILIARY AIDS OR SERVICES FOR PROGRAM PARTICIPATION, PLEASE PROVIDE A DETAILED DESCRIPTION OF NEEDS WHEN RETURNING THIS FORM. _____

IF NOT REQUESTED IN ADVANCE, IT MAY NOT BE POSSIBLE TO PROVIDE SOME AIDS AND SERVICES. REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE INDIVIDUALS WHO REQUEST AUXILIARY AIDS OR SERVICES.

Name _____

County _____

Event Oklahoma 4-H Shooting Sports Coach Certification Training



Adult Medical
Form 4

EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

Please complete Section I so that we know who to contact in case of an emergency situation. Your completion of Sections II and III is optional.

I. IDENTIFICATION

PARTICIPANT INFORMATION			
Name of Participant (first, middle, last):			
Email Address:		Cell Phone:	
Address:	City:	State:	Zip:
Home Phone:	Date Of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
EMERGENCY CONTACT INFORMATION			
Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Relationship:			

II. HEALTH HISTORY AND MEDICAL RECORD - (This section is optional and dates may be approximated.)

Complete ALL that apply:

Allergy to a medicine, food, plant, or insect toxin. Explain _____

Is participant allergic to the following drugs: ☐ Penicillin ☐ Sulfa Drugs ☐ Tetracycline ☐ Aspirin

List allergies to other drugs or allergens _____

Any condition that may require special care, diet or restriction of activities for medical reasons. Explain _____

Do you wear? ☐ Dentures ☐ Contact Lenses ☐ Other (Explain) _____

Is any prescription or OTC medication being taken at the present time? Yes No

Please list: _____

Please provide any current health problems or relevant past medical history: _____

	No	Yes	Year		No	Yes	Year		No	Yes	Year
Serious Illness/Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____								

☐ Asthma
 ☐ Heart Trouble
 ☐ Nose Bleeds
 ☐ Diabetes
 ☐ Convulsions
 ☐ Fainting Spells

Date of most recent examination _____
 Date of Last Tetanus Shot _____

Name of Physician _____
 Phone () _____

Medical/Hospital Insurance _____

Carrier _____
 Policy or Group # _____

Attach a copy of the front and back of the insurance card to this form or place below.

Insurance Card- front

Insurance Card- back

III. EMERGENCY MEDICAL RELEASE

I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery. I further recognize and understand that there may be situations where I require immediate medical or hospital care, and it may not be possible to give my consent. In such situations, I give permission to Oklahoma State University and its representative(s) or agent(s) to provide this medical history form to health care personnel. I further authorize a physician, surgeon, other health care provider, or dentist to exercise his/her professional judgment and assess the risks and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for my health and safety, and I authorize any hospital, clinic, or other health care provider to provide reasonable and necessary medical treatment or supplies.

For personal reasons I decline medical treatment Signature _____ Date _____

By signing below, I authorize the medical information on this form to be provided to any health care providers in case of an emergency.

Signed: _____
 Date: _____

Volunteer/Paid Staff/OCES Employee
 MM/DD/YY

Name _____

County _____

Event Okla 4-H SS Coach Cert. Training Date March 10-11, 2018



Adult Volunteer Form 5

Statement of Understanding RISK and RELEASE OF CLAIMS PUBLICITY RELEASE

UNDERSTANDING:

- A Volunteer is a person who, of his/her own volition, gives his/her services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Oklahoma State University and/or 4-H event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the Program, Extension Service, Universities and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefit, including, but not limited to, workers' compensation insurance coverage.
- I acknowledge that even though I am a Volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma 4-H Program. I further acknowledge breach in the Volunteer Behavioral Guidelines or any other established rules/guidelines for sanctioned 4-H activities is grounds for immediate dismissal as a 4-H Volunteer, and that as a Volunteer, I am not guaranteed any future employment with the Program, Extension Service, University and/or event organizers, nor am I guaranteed any future Volunteer position.
- I understand my assigned duties and have been provided a position description by the party in charge (extension educator and /or 4-

PUBLICITY RELEASE

I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service and/or Oklahoma State University to photograph, film, audio/video record and/or televise my image and voice, and, to reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name in connection therewith.

EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

I understand it is my responsibility to complete the **EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE** form to participate in this event/program/activity. The completed form may be placed in a sealed envelope with my name on the outside and attached to this form. Following the event the envelope will be returned or destroyed if I did not require any first-aid or medical treatment as part of the said event.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS:

Being fully familiar with the activities of the 4-H Programs, I further acknowledge that the performance of the volunteer work and participation in the activities involved in said work and/or events are not without some inherent dangers, hazards and risks of injury, including bodily injury and death. As such, I do hereby agree to assume all of the risks and responsibilities surrounding my volunteer activities and I do for myself, my heirs, and personal representatives hereby agree to release, waive, forever discharge and covenant not to sue the Oklahoma 4-H Program, the Oklahoma Cooperative Extension Service, Oklahoma State University, the governing Board of Regents of the universities, and all officers, agents, and/or employees thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer activities and/or my participation in the activities or events thereof. I further understand that any accident insurance policy, if any, carried by the 4-H Program or 4-H event organizers through American Income Life Insurance Co. or other insurance company will provide minimum coverage only, and I will be responsible for the costs associated with my care and treatment related to any such accident, injury or loss.

I acknowledge that I have read the above Understandings, Publicity Release and Assumption of Risk and Release and know and agree with the statements contained therein and agree to be fully bound by the same.

Signature _____ Date _____