

2026 COLUMBIA COUNTY 4-H S.A.F.E. SHOTGUN TEAM



REQUIRED REGISTRATION MATERIALS FORM

Incomplete paperwork will not be accepted. Please use this check-off list to ensure you have all the necessary paperwork prepared in order to register.

DIRECTIONS: With the exception of the **online Code of Conduct** - all paperwork - including this page - must be completed & brought to the orientation meeting you have chosen to attend. Paperwork must signed & filled out completely before getting in line to register at the meeting. Some forms can be typed into but we cannot accept a digital signature – it must be a “wet” copy. Extra copies will be available at the meeting for those who do not have access to a printer. We will not accept electronic copies. **Please do not send in paperwork prior to the meeting!**

1. _____ **Club Fee Payment (\$150) – Invoice will be emailed.** We take Mastercard, Discover, & Visa.
2. _____ **Columbia County Liability Release Waiver** (Signed by Parent/Guardian)
3. _____ **Team Guidelines & Rules Contract** (Signed by Parent/Guardian & Student)
4. _____ **Georgia 4-H Medical Release Form** (Signed by Parent/Guardian)
5. _____ **Copy of Hunter’s Safety Course Certificate/Card**
 - REQUIRED FOR ALL TEAM MEMBERS!
 - MUST BE COMPLETED BEFORE FIRST PRACTICE IN ORDER TO SHOOT. Invoices will be sent after certificate is received.
 - **Returning Members:** Please bring a physical copy of your Hunter’s Safety Card. Please make sure the copy is legible!

*** Georgia 4-H Online Code of Conduct Form

- Sent via e-mail to the primary parent/guardian e-mail listed **AFTER** registration has been completed. Student will not be allowed to practice until this has been completed.



Columbia County Extension/4-H

6420 Pollards Pond Road,
Appling, Ga 30802

Phone: 706-541-4011 ■ Fax: 706-541-4012

www.facebook.com/columbia4h ■ www.ugaextension.com/columbia

2026 COLUMBIA COUNTY 4-H PROJECT S.A.F.E. SHOTGUN PARTICIPATION GUIDELINES & RULES

UGA Extension / Columbia County 4-H
6420 Pollards Pond Road Appling GA 30802
706-541-4011/ uge3073@uga.edu
Club Name: S.A.F.E. Modified Trap Shotgun Team
Coach: Eric Hinds Email: emhinds6@gmail.com



1. All online and paper forms must be filled out completely before you can become an active member of the shotgun team. **(See form check-off sheet)**
2. An enrollment fee of **\$150** must be paid before the first practice. **Payment invoices will be emailed.**
3. All students must complete the required *Hunter Education Course* in order to participate. This course can be done online for a minimal cost. A valid certificate or card must be turned in during registration or before the first practice. Please also keep a copy for your records. For more info please visit www.georgiawildlife.com/hunting/huntereducation.
4. Practice times and location will be communicated and are currently TBA.
5. We realize how busy families are and that you may not be able to make all of the practices, however, being a member of the shotgun team is a commitment. Your student will be expected to attend as many practices as he or she can. Remember, the more practices your student attends, the better they will become!
6. **Parental involvement** is expected and essential to the success of the team.
7. All team members must participate in the following **team events**.
 - Participate in the **team raffle fundraiser** by selling at least \$100 in tickets.
 - **March - County Shoot/Picnic** (Columbia County)
 - **Tentative 4/18 Pinetucky- District Modified Trap Competition**
 - **May 9- 4-H State Modified Trap Competition** (Georgia National Fair Grounds - *only shooters who qualify at District)
8. The **Junior** (7th - 8th) and **Senior** (9th - 12th) teams will be divided separately into sub-teams for district & state competitions. The teams are divided by how each individual has honored their commitment to the team, 100% participation, attitude, helpfulness, encouragement of teammates & weekly scores are all factors in determining teams.
9. Team sponsorships greatly enhance the quality of the Columbia County 4-H Shotgun Team. Sponsorship forms are available. Please distribute to individuals/businesses that may be interested in sponsoring us. Form is available online.
10. **TEAM MEMBERS MUST FOLLOW ALL SAFETY PROCEDURES AT ALL TIMES**
 - Guns must be brought to practice in a case.
 - Guns must be unloaded, with actions **OPEN**, inside case. **LOADED GUNS ARE AUTOMATIC DISMISSAL FROM THE TEAM!**
 - **NO** ammo with gun or in gun case.
 - Upon arrival, guns must be immediately placed on the gun rack at the site.

- An adult volunteer will remove the gun from the case and carry it to the shooting line and back, placing it back in the case.
 - An adult volunteer must be told when a shooter is leaving practice, **prior to removing the gun from the stand.**
11. **Shooters are expected to help set up and tear down the shooting stations.**
*Last 6 shooters will be expected to help breakdown. Each station needs a thrower, cases of clay targets, trash barrel with liner, gun racks, table, 1 chair for a scorer, 12 and 20 gauge shells, earplugs, and eye protection (glasses). Shell hulls will be picked up after all shooters have finished.
 12. All shooters **MUST** vacate their vehicles upon arrival to practice. **You cannot sit inside vehicles!**
 13. **No foul language or “slang” words** may be used at the practice site.
 14. **No tobacco products** may be used at the practice or competition sites. This includes cigarettes, vapes, dip, etc.
 15. **UNDER NO CIRCUMSTANCES SHOULD YOU TAKE YOUR GUN TO SCHOOL IN YOUR VEHICLE!**
 16. Current UGA, Georgia 4-H, and Columbia County BOE rules and regulations apply to all 4-H and Project S.A.F.E Activities.
 17. **COLUMBIA COUNTY CLUB REFUND POLICY**
If a child can no longer participate in the team, all but 25% of the original fee will be refunded. Ex. The event fee is \$100, \$75 will be refunded. This partial refund is only available if requested by the date of the team's 2nd scheduled practice. After that time, no refund will be given. All refunds are determined by the Columbia County 4-H agent.
 18. **SAFETY IS THE #1 CONSIDERATION IN THE 4-H SHOOTING SPORTS PROGRAM**
The Shooting Sports Coordinator, Coaches, or assigned Range Safety Officers may eject any person from practice or competition for unsafe actions or behavior at any time during a practice or match with no warning or appeal.

I understand the requirements & commitments of being a S.A.F.E Shotgun Team member as well as the consequences of breaking any of the guidelines and rules stated above.

Parent/Guardian Signature

Date

Student Signature

Date

2026 Columbia County, Georgia Liability Release Waiver

Participation in the Columbia County 4-H S.A.F.E. Shooting Sports Program

STUDENT INFORMATION

Legal Name: _____ Preferred Name: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Student's Cell #: _____

Birthday: ____/____/____ Gender: Male or Female

Student's E-mail: _____ Parent E-Mail: _____

Type of Gun Used (circle one): 12-gauge or 20-gauge

Student Adult Shirt Size (circle one): S M L XL 2XL 3XL Other: _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Mother & Father / Guardians

Phone Number(s): (Mother) _____ (Father) _____

Address if different from above _____

Two adults (other than a parent/guardian) who may be contacted in case of emergency.

(1) Name: _____ Relationship to Participant: _____

Cell Phone: _____ E-mail: _____

(2) Name: _____ Relationship to Participant: _____

Cell Phone: _____ E-mail: _____

MEDICAL INFORMATION

Physician Name: _____ Phone: _____ Date of Last Physical: _____

Drug/Other Allergies: _____ Any physical limitations we should be aware of? Yes No

If yes, please explain _____

Circle all that apply: Heart Condition Diabetes Asthma Epilepsy Rheumatic Fever

PARENT/GUARDIAN AGREEMENT OF LIABILITY WAIVER

I understand that should a health problem arise, I will be notified but that if I cannot 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. Furthermore, I am aware that participation in this event includes risk including, but not limited to transportation to/from event, sports and recreational games, ropes courses, water activities, hiking as well as risks that are not foreseeable. For the sole consideration of the Columbia County 4-H arranging for participation in 4-H programming, I hereby release and forever discharge the Columbia County Board of Commissioners, Columbia County Extension, Columbia County 4-H, and Columbia County Project S.A.F.E. Coaches, 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, Columbia County Board of Commissioners, Columbia County Extension, Columbia County 4-H, and Columbia County Project S.A.F.E. Coaches, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to Sue the Columbia County board of Commissioners 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.

Parent/Guardian Signature

Date

Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.



EVENT: S.A.F.E. Modified Shotgun Date(s) of EVENT: Winter/Spring 2026

4-H'ers Information

Name _____ County Columbia

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 cannot 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. 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. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. 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
5/2021

Date

PLEASE COMPLETE BOTH SIDES

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ County Columbia

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, over-the-counter, or homeopathic 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. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of Child's Name and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

Parent/Guardian Signature

Date