

2021 Morgan County 4-H SAFE Shotgun Team

**Participant and Parent Contract**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**TEXT Contact Numbers: VERY IMPORTANT** – In this space, please list 2 contact text capable phone numbers that coaches can use to communicate with team members and parents (practice cancellations or changes):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PARTICIPANT AGREEMENT:**

1. As a member of the Morgan County 4-H S.A.F.E. Shotgun Team, I have read and understand the Morgan County Shotgun Team Regulations and Morgan County Shotgun Range Rules and agree to abide by them.
2. I have read and understand the Georgia 4-H Code of Conduct. I agree to abide by all the Rules and Regulations regarding the Morgan County Shotgun Team Product S.A.F.E. or I forfeit the right to participate in project activities.
3. I understand that if I do not completed the Georgia Hunter Education Course and present my identification card to the team Certified Coaches, I will not be allow to participate in the AREA or STATE Competitions.
4. I understand that if I quit or am suspended from the Shotgun Team, my \$100 membership dues will not be refunded. I understand this is necessary since supplies will be purchased in advance.

\_\_\_\_\_  
(Signature of 4-H'er)

\_\_\_\_\_  
(Date)

**PARENT AGREEMENT:**

1. I am aware and understand that my child from time to time will be touched, moved and/or held by Team Coaches in a manner to assist positioning, balance, comfort and provide continuity in curriculum training for the discipline being taught.
2. I certify that my child and I have read and understand the above Morgan County Shotgun Team Regulations and Morgan County Shotgun Range Rules, and the 4-H Code of Conduct.
3. I understand that if my child quits or is suspended from the Shotgun Team, the \$100 membership dues will not be refunded. I understand this is necessary since supplies will be purchased in advance.
4. I understand that if I wish to assist the Certified Coaches with the SAFE Shotgun Team as an Adult Leader, I am required to register at the Morgan County 4-H office and am subject to a background check.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**Required Documents (must be completed and returned prior to 1<sup>st</sup> practice):**

- \_\_\_\_\_ 4-H Enrollment Form
- \_\_\_\_\_ 4-H Code of Conduct Form
- \_\_\_\_\_ 4-H Medical Release Form

This section will be  
completed by 4-H  
staff

**Required Annual Dues (must be paid prior to the 2<sup>nd</sup> Practice**

- \_\_\_\_\_ Annual Dues PAID (must be completed prior to the 2<sup>nd</sup> practice)