



# 2025 Archery & Pellet Gun Program

Due to the UW-Extension office on Thursday, December 19th at 4:30pm

**When:** (2025) Saturdays, Jan 4 & 18, Feb 1 & 15, March 1 & 15 | 8am, 9am, 10am Sessions

**Where:** Archery Country, 1231 Oak Forest Dr., Onalaska WI 54650

**\*\*\*IMPORTANT REGARDING ELIGIBILITY:** Youth **MUST** be in Grades 4 and above to sign up for Pellet Gun, and Grades 3 and above for Archery. This program is open to both 4-H and community youths. \*\*\*

I am registering as a (circle one):    **4-H Member**                      **Community Member**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_       Male     Female      4-H Club (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Race: (please check one)

- White                                       Black or African American       American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander       Asian                                       Prefer Not to Answer

Ethnicity: (please check one)     Hispanic/Latino     Non-Hispanic/Latino     Prefer Not to Answer

## Archery

1st Choice (circle one):    8:00 AM    9:00 AM    10:00 AM

2nd Choice (circle one):    8:00 AM    9:00 AM    10:00 AM

## Pellet Gun

**\*\*This year, attendance on the first day of pellet gun will be required as the safety session will only be offered on the first day, or your spot and application fee will be forfeited\*\***

1st Choice (circle one):    8:00 AM    9:00 AM    10:00 AM

2nd Choice (circle one):    8:00 AM    9:00 AM    10:00 AM

### Fees:

**Archery:**      \*\*must be in grades 3+\*\*

4-H Member Archery **\$10.00**      \_\_\_\_\_

Community Member Archery **\$15.00**      \_\_\_\_\_

**Pellet Gun:**      \*\*must be in grades 4+\*\*

4-H Member Pellet Gun **\$10.00**      \_\_\_\_\_

Community Member Pellet Gun **\$15.00**      \_\_\_\_\_

**Total:**      \_\_\_\_\_

**Checks should be made payable to La Crosse 4-H Shooting Sports.**

If sessions fill up, we will honor those who provide payment to reserve their spots first.

Anyone needing financial assistance should reach out to Emily Crook at 608-785-9593, confidentiality will be honored.

**Please return this form and payment to:**  
 La Crosse County UW-Extension  
 212 6th St. N Suite 2200  
 La Crosse, WI 54601  
 Email: [lacrossecounty4h@lacrossecounty.org](mailto:lacrossecounty4h@lacrossecounty.org)  
 Fax: 608-789-4808

# Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, \_\_\_\_\_ (print youth name), age \_\_\_\_\_, desire to participate voluntarily in the La Crosse County 4-H Youth Development programs conducted by the Extension La Crosse County, La Crosse County 4-H Leaders' Association, Inc., and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin-Madison Division of Extension.

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the La Crosse County 4-H Positive Youth Development Educator at the Extension Office at telephone number 608-785-9593.

Yes, I have read this information and understand its contents.

## **Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the County and University have advised me to seek the advice of my physician before participating in the La Crosse County 4-H Youth Development program. I understand that I have been advised to have health insurance in effect and that no such coverage is provided for me by the Extension La Crosse County Office, La Crosse County 4-H Leaders' Association, Inc., or the Board of Regents of the University of Wisconsin System. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Yes, I have read this information and understand its contents.

## **Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, minors, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the Extension La Crosse County Office, La Crosse County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Extension La Crosse County Office, La Crosse County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Yes, I have read this information and understand its contents.

## **Consent for Emergency Treatment:**

I authorize the Extension La Crosse County Office, La Crosse County 4-H Leaders' Association, Inc., or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Yes, I have read this information and understand its contents.

**My signature acknowledges that all of the above statements are accurate to the best of my knowledge and I agree with the statements written.**

Print Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

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

*\*If your son, daughter or ward will be under 18 while participating in the La Crosse County 4-H Youth Development program, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter, or ward.*