




**Cooperative Extension**  
4-H Youth Development Programs

University of Wisconsin-Extension  
431 Lowell Hall  
610 Langdon Street  
Madison, WI 53703-1195  
608-262-1221  
608-265-6407 (fax)  
800-947-3529 (TTY)

DATE: August 24, 2007

TO: Wisconsin 4-H State Shooting Sports Training Team Members

FROM: Steven F. Kinzel   
4-H Youth Development Specialist  
Wisconsin 4-H Shooting Sports Coordinator

Doug Thompson   
Wisconsin 4-H Shooting Sports Project Coordinator

RE: Annual State Training Team Workshop – September 28-30, 2007

Wisconsin State Training Team Members,

We would like to thank all of you for your continued support of the Wisconsin 4-H Shooting Sports program. Having attended several events this year we continue to have a deeper appreciation for those volunteering their time and talent in the name of 4-H Shooting Sports. Your commitment to this program is what makes Wisconsin 4-H Shooting Sports possible and successful. As in the past, we are looking forward to our State Training Team meeting the end of September for the opportunity to review past accomplishments, strategize for the coming year, meet new training team members, renew friendships and set dates for future meetings.

#### **WORKSHOP LOCATION**

This year's workshop, scheduled for September 28 – 30, 2007, will be held at the **Upham Woods 4-H Outdoor Learning Center** (located close to the **Wisconsin Dells**), and should prove worthwhile for all state training team members who can attend. We will also have a few items for each person attending.

As in the past, there will be an opportunity to develop teaching skills to assist volunteers. For additional information on Upham Woods you may want to visit their website at:

<http://www.uwex.edu/ces/4h/uphamwoods/index.cfm>

## **LODGING**

We will be staying on the first and second floor of the main dorm, with rest room facilities and showers for women on the second floor and for men on the first floor. **Full linen service, including sheets, pillow, pillow case, blanket, and a small towel (you may want to bring a larger one) is provided. As in the past, you will NOT need to bring any bedding, just personal clothing and toiletries. We will have access to a refrigerator in the main dining room.**

## **AGENDA**

As our program expands, addressing both present and future issues continues to be a priority. Our 4-H Shooting Sports State Training Team meeting September 28-30, 2007 allows us to look at these priorities and plan for the future. Please respond to Doug via e-mail: [doug.thomp@gmail.com](mailto:doug.thomp@gmail.com) with your requests for topics to help build the meeting agenda. We are especially interested in teaching tools, props, and information helping us develop our teaching skills. With some topics it may be helpful if you provide a brief overview. Doug would appreciate having your topics submitted to him by September 20, 2007. Although each of us could spend all day on a particular presentation, we are requesting that your presentations take about 15 minutes.

Even if you do not submit, please respond so we know we have communicated with all of our team members. Also, please let Doug know of any changes with our Training Team members such as name, address, phone, or e-mail so we can up-date our list. And finally, remember to bring to the meeting your dates for trainings that you have scheduled in your district for the coming year.

Give Doug a call or respond on the registration form as to agenda items (discussion, issues needing to be addressed, etc.) or possible presentations you think would be valuable to training team members.

**Remember, if you have not already sent Barb Chase/Steve Kinzel information regarding certification workshops and competitive events for 2007-2008, bring firm dates for shoots, and certification training(s) in your district (include date, location, and disciplines). Changes for training team members names that need to be added or dropped should be submitted to Doug or Steve before the meeting, if at all possible.**

## **DOOR PRIZES AND AUCTION ITEMS**

We are planning an exciting auction on Saturday evening and a number of great door prizes. Remember to bring items for door prizes and/or auction.

## **RULES AND REGULATIONS AT UPHAM WOODS 4-H OUTDOOR LEARNING CENTER**

No pets, no smoking, no alcoholic beverages, or illegal drugs allowed on the grounds.

## **DIRECTIONS TO UPHAM WOODS**

A map to Upham Woods may be found at: <http://www.uwex.edu/ces/4h/uphamwoods/intro/directions.cfm>

### **From I-90/94:**

Use exit 87. Turn left at the second stoplight onto Hwy 12/16 West. Drive ½ mile from stoplight, turn right onto County A. County A becomes N beyond the railroad underpass. Upham Woods is on the right, .6 miles beyond the railroad.

### **From the EAST on WI-16 or 23:**

Follow Hwy 16/23 through the city of Wisconsin Dells. Cross the Wisconsin River. Turn right onto Hwy 12/16 West. Drive ½ mile from stoplight, turn right onto County A. County A becomes N beyond the railroad underpass. Upham Woods is on the right, .6 miles beyond the railroad.

### **Note to Trucks:**

The railroad underpass on County A has a clearance of 12 ft., 2 in. Taller trucks should continue West on 12/16 and turn right (East) onto 60th St. Turn right onto County N. Upham Woods is on the left, .8 miles.

If you have questions feel free to contact Doug at: [doug.thomp@gmail.com](mailto:doug.thomp@gmail.com) (his home phone number at 920-845-1342) or Steve at: [steve.kinzel@uwex.edu](mailto:steve.kinzel@uwex.edu) (his home phone number is: 608-831-2480).

**As always, thanks to the National Wild Turkey Federation, Federal Cartridge, Safari Club International, Rocky Mountain Elk Foundation, the Wisconsin 4-H Foundation, Gander Mountain, and a host of others for their generosity that allows us to provide safe shooting sports opportunities for youth.**

**Please return the enclosed registration form to Barb Chase, 431 Lowell Hall, 610 Langdon St., Madison, WI 53703 by September 17, 2007 (must be received by September 17). We need a meal count so please be sure to check the meals you need on the attached registration form.**

07SSptsRegLet

**4-H SHOOTING SPORTS  
STATE TRAINING TEAM WORKSHOP  
Upham Woods 4-H Outdoor Learning Center**

**September 28–30, 2007**

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

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

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Meals:  **Fri.** snack;  **Sat.** breakfast  lunch  supper;  **Sun.** breakfast  lunch

We will NOT be offering an opportunity to shoot based on a new agenda format that will help promote teaching, program growth, and allow everyone to leave shortly after lunch on Sunday.

I am willing to present a teaching strategy, prop, material that I have found useful.  
 yes  not at this time

Topic of presentation (s): \_\_\_\_\_

Time needed for presentation (15 minutes max): \_\_\_\_\_

**Topics or policy items needing to be addressed:** \_\_\_\_\_

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**Use backside of registration form for listing additional items.**

Team members will break into several different committees during the workshop. Please indicate if you would like to be on the  certification committee or  competition committee.

Please also indicate which discipline committee you would like to serve on.  archery;  
 air pistol;  hunting/wildlife ecology;  muzzleloading;  rifle;  shotgun

Please check one of the following:

I want to continue as a member of the Wisconsin 4-H Shooting Sports Training Team and am willing to be involved annually in offering 4-H certification training opportunities and helping with at least one Statewide Invitational Shoot.

Please move my name to the inactive list of Wisconsin 4-H Shooting Sports State Training Team members.

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

Due to funding provided by the National Wild Turkey Federation, Federal Cartridge, Safari Club International, Rocky Mountain Elk Foundation, the Wisconsin 4-H Foundation, Gander Mountain, and money raised from our auction on Saturday evening, the registration fee of \$35.00 per person will cover room and board for Friday evening through Sunday noon. We need a head count for meals by September 17, 2007.

Please return registration form and \$35.00 check made payable to UW-Extension. Mail to: Barb Chase, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703 by September 17, 2007 to assure your reservation.

**07SSptsreg**

Name: \_\_\_\_\_  
(Print Last Name) (Print First Name)

ADULT MEDICAL HISTORY AND CONSENT  
FOR EMERGENCY TREATMENT  
University of Wisconsin 4-H & Youth Development Programs  
WI 4-H Shooting Sports Annual Trainers Meeting  
September 28 - 30, 2007

This information is confidential and necessary for proper care by staff advisors and medical personnel.  
Information must be legibly printed in black ink or typed. Do not leave empty blanks; enter N/A if not applicable.

Participant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ o Female o Male

Health Information: Have you experienced any of the following illnesses/injuries/diseases/disorders/problems or symptoms? If you check "yes" to any of the following, *enter the details below* including diagnosis, treatment, date of illness or injury, name of hospital, name of physician and telephone number. Continue on reverse side of page, if necessary.

YES      NO      CONDITION

- Allergies to bee stings. Explain \_\_\_\_\_
- Allergies to dyes (red dye, food coloring). Explain \_\_\_\_\_
- Allergies to environmental factors (pollen, mold, dust, hay fever). Explain \_\_\_\_\_
- Allergies to foods. Explain \_\_\_\_\_
- Allergies to latex. Explain \_\_\_\_\_
- Allergies to medicines including penicillin, tetanus, etc. Explain \_\_\_\_\_  
How do you react to the(se) allergy(ies)? \_\_\_\_\_  
Normal treatment? \_\_\_\_\_
- Bladder or bowel control problems. Explain \_\_\_\_\_
- Diabetes or hypoglycemia (low blood sugar). Explain \_\_\_\_\_
- Eating disorders (anorexia, bulimia or other). Explain \_\_\_\_\_
- Emotional or mental (reaction to stress, frequent anxiety, excessive fears, etc.). Explain \_\_\_\_\_
- Exposure to a contagious or serious disease recently. Explain \_\_\_\_\_
- Eye or ear (color blindness, peripheral vision, depth perception, near or farsightedness, ear infection, impaired hearing or other). Explain \_\_\_\_\_
- Heart (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.).  
Explain \_\_\_\_\_
- Kidney or gall bladder. Explain \_\_\_\_\_
- Limiting physical conditions (sitting, standing, walking). Is special equipment or assistance needed?  
Explain \_\_\_\_\_
- Muscular/skeletal (arthritis, recent fractures, etc.). Explain \_\_\_\_\_
- Nervous system (breakdown, convulsions, dizziness, epilepsy, loss of consciousness, paralysis, etc.).  
Explain \_\_\_\_\_
- Nose or throat (thyroid, lymph nodes, carotid arteries, other). Explain \_\_\_\_\_
- Reproductive (menstrual difficulties, other). Explain \_\_\_\_\_
- Respiratory (asthma, persistent/chronic cough, abnormal chest x-ray, tuberculosis, or any other lung problems). Explain \_\_\_\_\_
- Skin (rash, other). Explain \_\_\_\_\_
- Sleep (sleep apnea, sleepwalking, recurrent nightmares, other). Explain \_\_\_\_\_
- Stomach, liver or intestinal (ulcers, jaundice, hernia, colitis, indigestion, etc.).  
Explain \_\_\_\_\_
- Surgical operations, accidents or injuries in the past 2 years. Explain \_\_\_\_\_
- Vascular and blood (anemia; Hepatitis B or C; hemophilia, HIV positive; HBV; migraines, nosebleeds, transfusions, unconsciousness/fainting, other). Explain \_\_\_\_\_  
(over)

Continued explanations of "yes" answers:

Dietary needs/restrictions:

List special dietary needs or restrictions: \_\_\_\_\_

General attitude/mood/alertness (shyness, energy level, cooperation) \_\_\_\_\_

Immunizations: list dates of last vaccines. \_\_\_\_\_ Hepatitis \_\_\_\_\_ Influenza \_\_\_\_\_ Tetanus \_\_\_\_\_

Medications:

List all prescriptions/non-prescription medications participant will require during the program, listing dosages, time medications are taken, and sensitivity to them: \_\_\_\_\_

Social habits (smoking or chewing tobacco, alcohol consumption, illicit drug use). Explain \_\_\_\_\_

Insurance information:

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Physician information:

Family physician or clinic \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Are you under a doctor's care now? \_\_\_yes \_\_\_no

Emergency Contact:

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

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

Day phone \_(\_\_\_\_\_) \_\_\_\_\_ Evening phone \_(\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Alternate contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone \_(\_\_\_\_\_) \_\_\_\_\_ Evening phone \_(\_\_\_\_\_) \_\_\_\_\_

***I understand that failure to provide complete information on this health form could hinder staff's ability to provide adequate care and could result in termination of my participation in this event.***

I consider my health to be: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor. I believe that I can safely participate in this program. I further declare that I have no physical, mental, or communicable conditions that will interfere with participation. I understand that if a serious illness or injury develops, medical and/or hospital care will be given but Wisconsin 4-H and program staff are not responsible in case of accidental injury or illness. The person noted above will be notified as soon as possible in case of medical emergency while I am participating in this program. If a medical emergency arises, I give permission for emergency treatment or surgery as recommended by an attending physician. I agree to cover the cost of prescriptions and emergency transportation to medical facilities or home, if necessary.

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

BRING THIS FORM WITH YOU ON FRIDAY, SEPTEMBER 28, 2007

Name: \_\_\_\_\_  
(Print Last Name) (Print First Name)

**EXPECTATION STATEMENT FOR ADULTS ACCOMPANYING YOUTH ON  
UW-EXTENSION-SPONSORED TRIPS AND EVENTS**  
University of Wisconsin 4-H & Youth Development Programs  
WI 4-H Shooting Sports Annual Trainers Meeting  
September 28 – 30, 2007

Capable caring adults play important roles in the lives of youth involved in UW-Extension Programs. This expectation statement acknowledges the need to provide the safest environments possible for youth.

This form applies to all adults, paid staff and volunteers, accompanying youth on an UW-Extension-sponsored trip or event. The adult, by signing this form, agrees to conduct herself/himself in a responsible manner and abide by all expectations as stated below.

**Adult Responsibilities**

1. The adult agrees to accept supervision and support from salaried Extension staff or designated management volunteers.
2. The adult will consider herself/himself the youth's support person.
3. The adult will enforce all written and signed behavior expectations established for youth participation in the event. This will include room checks, when appropriate.
4. The adult will keep health and insurance information available as may be needed in handling emergency situations.
5. The adult will not dispense medication, or anything relating to the physical or mental health of the youth, unless specifically directed in writing by the parent or guardian. The adult should be aware of any medications to be taken by youth.
6. In an emergency situation, the adult will act in the best interest of the youth. Seek assistance from an event coordinator, professional staff, medical and/or law enforcement personnel as needed.
7. The adult should provide the youth with information on how he/she can be reached, and should be accessible to consult with youth participants when needed.
8. In the case of inappropriate youth behavior, the adult will consult with local and/or home county contacts in determining appropriate disciplinary action.
9. The accompanying adult will participate in assigned activities and assist as needed.
10. The adult will not ignore situations involving bullying, hazing or harassment, nor fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
11. The use of illegal drugs is not allowed during the entire trip or event.
12. The possession and/or use of alcohol is not allowed during the entire trip or event.
13. The use of any form of tobacco should be avoided in the obvious or known presence of youth.
14. Sexual contact of any type with youth is strictly forbidden. Any behaviors considered in violation of the Wisconsin child abuse and sexual assault laws are grounds for suspension of affiliation until investigation is completed.
15. Swearing, cursing and abusive language are not condoned.
16. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with youth, only with a valid operator's license and the legally required insurance coverage.
17. The adult will observe the curfew hour. The adult is expected to remain in the dormitory during curfew hours.
18. The adult will make contact with each youth for whom he/she has assumed supervision responsibility at least twice a day.

(over)

Enforcement

1. Allegations should be written and signed.
2. The person or group responsible should investigate the charge to determine what type of action is needed.
3. The Executive Committee of the State 4-H Adult and Youth Leader Councils will determine action for failure to meet the expectations for state-sponsored events/activities for volunteer staff.
4. The county 4-H Leader Association Boards will determine action for failure to meet the expectations of county-sponsored events/activities for volunteer staff.
5. The county office chair will receive complaints and determine action for state staff.

Support for Adults Accompanying Youth on UW-Extension-Sponsored Trips/Activities:

1. Orientation will be provided.
2. Youth taking part in overnight activities will submit a signed Expectation Statement that they understand the rules and the roles of the accompanying adult(s). Youth will be required to submit a health form that includes information on any special needs, medication to be taken, and how to contact a parent or guardian.

**Chaperone's Statement of Agreement:**

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to UW-Extension to use such images of this participant without any expectation of compensation.

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Signature of Chaperone

Date

**BRING THIS FORM WITH YOU ON FRIDAY, SEPTEMBER 28, 2007**