



November 11, 2024

## Wilson County

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### Dear 4-H Archery Club Member:

We are excited to be starting back up with archery practices in January. This is for all members who wish to participate on the Archery Team that have previously completed our archery class. All practices will be in the Pop Smartt Barn, at the James E. Ward Ag. Center (Wilson County Fairgrounds). Practices are “come and go” meaning, you come and go as needed but you can choose to stay the whole time.

#### Practice Dates:

January 9, January 16, January 23 and January 30  
February 6, February 13, February 20 and February 27  
March 20 and March 27  
April 3 and April 10

**Practice times are from 4:30-6:30pm** beginning January 9<sup>th</sup> before the 6-week beginners class starts at 6:30pm. Practice times will shift after the completion of the 6-week class that is scheduled from January 9<sup>th</sup>-February 13<sup>th</sup>. **Once the class is complete Open Practice for current and new team members will be from 5:00-8:00pm.**

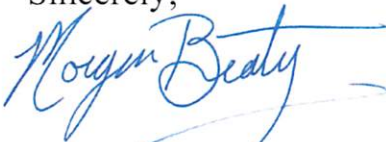
This is our planned schedule, weather permitting. If schools are dismissed due to severe weather or illness, we will not have practice that night. If this happens before we can complete the 6-week class, we will use Thursdays from the February 20<sup>th</sup> and on to complete the class. **We encourage everyone to sign up for the “Remind” text message services.** This will help us to remind you of meetings and notify you of unexpected changes as well as what time practice begins and ends.

**Please remember to wear closed toe shoes.** There will be a \$40 fee this year to participate on the archery team. All members will receive a t-shirt (price included in team fee). Please make checks payable to The University of Tennessee. Enclosed is a 600-A form and enrollment form which will serve as your enrollment for the team. **Please return these forms and fee at your first practice.**

The State 4-H Jamboree is scheduled for April 11-12, 2025. The Jamboree will be held at TTU Hyder-Burks in Cookeville. There will be a sign-up sheet and small fee for this as it gets closer to time for the event. You will only have to attend one day for your flight time. Flight times for the Jamboree are announced a week before the contest, therefore we will not know until closer to time what day you will be scheduled to attend.

If you have any questions please feel free to call, e-mail or you may leave a message at my office with Sissy Shrum.

Sincerely,



Morgan Beaty  
4-H Extension Agent  
[Mbeaty3@utk.edu](mailto:Mbeaty3@utk.edu)

**2024-25 Tennessee 4-H Enrollment Form**  
4-H Clubs



\_\_\_\_\_ County School \_\_\_\_\_ Teacher \_\_\_\_\_

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<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
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**Gender** \_\_\_\_\_

**Race (can choose more than one)**

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Other/Unidentified	<input type="checkbox"/> White

**Ethnicity**

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unidentified
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<b>Grade in School</b>	<b>Email Address</b>
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**Describe where you live**

<input type="checkbox"/> Farm	<input type="checkbox"/> Town or city 10,000 to 50,000	<input type="checkbox"/> Central city over 50,000
<input type="checkbox"/> Rural non-farm/town under 10,000	<input type="checkbox"/> City or suburb of city over 50,000	

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Address \_\_\_\_\_

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<b>City</b>	<b>State</b>	<b>ZIP</b>
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<b>Phone 1</b>	<b>Phone 2</b>	<b>Date of Birth</b>
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**Parent(s)/Guardian(s)**

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<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
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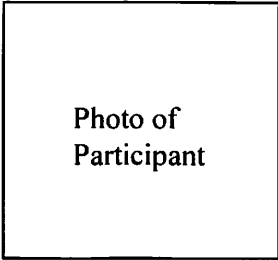
Is your parent currently enlisted in the military?  Yes  No



**4-H Pledge**

I pledge my **HEAD** to clearer thinking,  
my **HEART** to greater loyalty,  
my **HANDS** to larger service,  
and my **HEALTH** to better living  
for my club, my community, my country and my world.

**Activity and Event  
Acceptance Form**



T-Shirt Size: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Please print

Name \_\_\_\_\_  
(Last) (First) (M.)

County \_\_\_\_\_

*This form is valid for one calendar year (beginning on January 1st of the current year) and will expire on December 31st of the current year. Any updates to this information are required to be submitted in writing to the county extension office no later than 7 days prior to the next 4-H event.*

**A. Identification of Participant**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone ( ) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Nighttime Phone ( ) \_\_\_\_\_

Workplace Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Address/City/State/ZIP)

Other Emergency Contact (if appropriate) \_\_\_\_\_  
(Name)

\_\_\_\_\_ ( ) \_\_\_\_\_  
(Address/City/State/ZIP) (Phone, if different than above)

**B. Code of Conduct**

Tennessee 4-H activities are planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

**C. Publicity Release**

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

## D. Health History and Medical Record for \_\_\_\_\_

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Family Medical/Hospital \_\_\_\_\_  
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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### Check all that apply

Is participant allergic to the following drugs?:

- Penicillin     Sulfa Drug     Tetracycline     Aspirin  
 Allergy to a medicine, food, plant, or insect toxin.    (Explain) \_\_\_\_\_

- Asthma     Heart Trouble     Nosebleeds     Diabetes     Convulsions     Fainting Spells  
 Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) \_\_\_\_\_

Does participant wear:  Dentures     Contact Lens     Other    (Explain) \_\_\_\_\_

Is any medication, including behavior modification medication, being taken at the present time?  Yes     No

If yes, explain \_\_\_\_\_

Date of most recent medical examination: \_\_\_\_\_

Are you aware of any current health problems?  Yes     No If yes, explain \_\_\_\_\_

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

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

### Immunizations

Tetanus	_____
Diphtheria	_____
Polio	_____
Hepatitis A, B or C	_____

(circle one/any)

Last Yr. Given

### Immunizations

Measles	_____
Mumps	_____
Rubella	_____
Varicella	_____

Last Yr. Given

### Has Had (please check)

- Measles  
 Mumps  
 Rubella  
 Chicken Pox  
 Tuberculosis

## E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

## F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

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## G. Administration of Medication

Check here if your child, \_\_\_\_\_, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.  
*(Name of Participant)*

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

## H. Emergency Medical Release

In consideration of \_\_\_\_\_ 's (*participant's name*) participation in 4-H activities, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization, or surgery.

In the event of injury or illness to \_\_\_\_\_ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event may or may not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

### Required Signatures\* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

*\* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

**I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or Guardian Signature)*
*(Month/Day/Year)*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Participant's Signature)*
*(Month/Day/Year)*

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.  
 University of Tennessee Institute of Agriculture and county governments cooperating.  
 UT Extension provides equal opportunities in programs and employment.  
 Revised 4/2022



# Sign up for important updates from Morgan Beaty 4-H.

Get information for Wilson County 4-H right on your phone—not on handouts.

Pick a way to receive messages for Arrow Addicts:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/wilsonadd](http://rmd.at/wilsonadd)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @wilsonadd to the number 81010.

If you're having trouble with 81010, try texting @wilsonadd to (510) 478-9047.

\* Standard text message rates apply.



Don't have a mobile phone? Go to [rmd.at/wilsonadd](http://rmd.at/wilsonadd) on a desktop computer to sign up for email notifications.