

December 8, 2025

Wilson County

925 East Baddour Parkway, Suite 100
Lebanon, TN 37087
office: 615-444-9584
fax: 615-443-2618
wilson.tennessee.edu

Dear 4-H Arrow Addicts!

Thank you for your interest in the 4-H Archery Program. We are excited to announce our Spring 2026 Practice schedule at the James E. Ward Ag Center (Wilson County Fairgrounds) in the Pop Smartt Barn (Poultry & Rabbit Barn).

Scheduled Practice Nights:

February 5th
February 12th
February 19th
February 26th
March 5th
March 19th
March 26th
April 2nd
April 9th

Scheduled Practice Times:

- 5:00 p.m. - 5:30 p.m.: 30-meter shooters (compound shooters 8th-12th Grades)
- 5:30 p.m. - 7:00 p.m.: Everyone else (Genesis & younger compound shooters)
- 7:00 p.m. - 7:30 p.m.: 30-meter shooters (compound shooters 8th-12th Grades)

Due to the setup of the barn, we have a dedicated time slot for 30-meter shooters at the beginning and end of practice each night. This makes it safer for multiple shooters to be shooting at the same time in this space. Everyone else is welcome to come and go between 5:30 - 7:00 p.m. (You do NOT have to stay the entire time. If you are a 30-meter shooter, you do NOT have to be there for both time slots. We just wanted to get an early time and a late time in to accommodate varied schedules!)

This is our planned schedule, weather permitting. If schools are dismissed due to severe weather or illness, we will not have class and will resume on the next available Thursday. Please sign up for our Band app message services so we can remind you of practices and notify you of unexpected changes to the schedule, times, or locations. Instructions for Band are attached.

The yearly cost to join the team is \$50. This will cover all materials, instruction, and a t-shirt. It will also cover your fee to participate in the State Jamboree next spring if you choose to attend. If you would like to be on the team but cannot afford the fee, we do have some scholarships available. In order to apply you will need to send a letter stating your circumstances and include two references. **If you paid the \$50 fee for the Fall Archery Class or team this past fall (2025), you do NOT owe another fee.**

The State 4-H Archery Jamboree is scheduled for **Friday and Saturday April 10-11, 2026**. We will not have a specific schedule until a couple weeks before the competition. But "typically" compound shooters have a flight time for Friday during the day (school excuses will be sent) and Genesis shooters have a flight time for Saturday. More information about the Jamboree will be given in the early Spring!

As a reminder, please remember to wear closed toed shoes to practices! Also, the barn is open air and can become quite chilly in the winter. Please plan accordingly and bring warm jackets, gloves, hats, etc.

If you have any questions, please feel free to call, email or you may leave a message at our office for me with Sissy Shrum. I look forward to seeing you all in class and don't forget to let us know very soon.

Sincerely,



Morgan Beaty
4-H Extension Agent
mbeaty3@utk.edu



F600-A

Activity and Event Acceptance Form

Photo of
Participant

Please print

Name _____ *(Last)* _____ *(First)* _____ *(M.)* _____

County _____

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

A. Identification of Participant

Date of Birth _____ Age _____ Sex: Male Female
 Parent or Guardian _____ Email _____
 Home Address _____ *(Street/P.O. Box)* _____ *(City)* _____ *(State)* _____ *(ZIP)*
 Cell Phone (____) _____ Daytime Phone (____) _____ Nighttime Phone (____) _____
 Workplace Address _____ *(Address/City/State/ZIP)* _____ Phone (____) _____
 Other Emergency Contact (if appropriate) _____ *(Name)* _____ *(Address/City/State/ZIP)* _____ *(Phone, if different than above)* _____

B. Code of Conduct

This 4-H activity or event is 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)

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
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____

	No	Yes	Year
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations

Last Yr. Given

Tetanus

Diphtheria

Polio

Hepatitis A, B or C

(circle one/any)

Immunizations

Last Yr. Given

Measles

Mumps

Rubella

Varicella

Has Had (please check)

Measles

Mumps

Rubella

Chicken Pox

Tuberculosis

Is there other information that will help us ensure a positive experience for your child at this event? Yes No
If yes, please explain:

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)

G. Administration of Medication

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

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*) (8) Expiration date of medication.

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for 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 the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, transportation, and approval of off-site 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 does 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

- A. Identification of Participant**
- B. Code of Conduct**
- C. Publicity Release**
- D. Health History and Medical Record**
- E. Health and Safety Investigations**
- F. Consent for First Aid Treatment**
- G. Self-Administration of Medication**
- H. Emergency Medical Approval**

* 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 2/25



2025-26 Tennessee 4-H Enrollment Form

Club _____

F 861

County School _____

Teacher _____

First Name	Middle Initial	Last Name
Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl		
Race (can choose more than one)		
<input type="checkbox"/> Black/African American		<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Other/Unidentified		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Ethnicity		
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic
		<input type="checkbox"/> Unidentified

Grade in School _____ Email Address _____

Describe where you live

Farm Town or city 10,000 to 50,000
 Rural non-farm/town under 10,000

Address _____

City _____ State _____ ZIP _____

Phone 1 _____ Phone 2 _____ Date of Birth _____

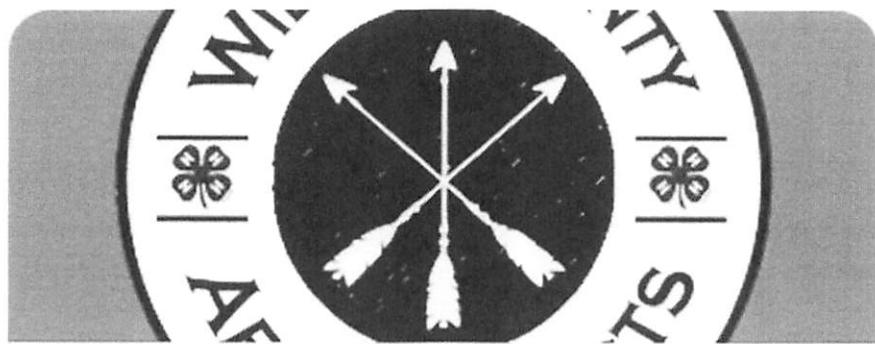
Parent(s)/Guardian(s)

First Name	Middle Initial	Last Name
Is your parent currently enlisted in the military?		
<input type="checkbox"/> Yes		<input type="checkbox"/> 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.



Wilson County 4-H Archery

Our Shooting Sports Program is a volunteer-led program that teaches life skills to 4-H

Scan this QR code and join!

Due to issues with "Remind" text message service, we have decided to change our reminder services beginning Fall 2025 to "Band" app. Band is a way for us to communicate with parents (we prefer not to communicate with youth). This will be a one way message service for each of our groups. We will send friendly reminders about meeting dates, times and locations. You cannot reply to all, you can only send us a private message that will go to the 4-H Agent over the program as well as myself. Please scan the QR code above to register for the 4-H Archery Group. You will need to register for specific band for each club/class you join with 4-H.

Thank you,

Sissy