Hamblen County 4-H Shooting Sports
2026-27 Registration Forms Packet

Required Signing Day

Thursday, October 15, 2026 | 6:00-7:30 PM | Hamblen County 4-H Office – Courthouse Room 204

Both the 4-H member and a parent/guardian must attend. The member's photo for the F600A form will be taken at Signing Day.

Before Signing Day

Review your discipline handout for fees, payment arrangements, deadlines and season details. Complete the forms that apply to your family.

Forms and items to bring

- ☐ Tennessee 4-H Enrollment Form (F 860) — complete for the current 4-H year.
- ☐ Hamblen County Enrollment Supplement — complete the registration information and Code of Conduct acknowledgment.
- ☐ F600A Activity and Event Acceptance Form — complete the required sections, initials, and signatures. The member's photo will be taken at Signing Day.
- ☐ HCBOE Parent/Guardian Participation Permission Form — if applicable; follow the form and 4-H Office instructions.
- ☐ Archery Club Membership Form — Archery families only; complete both sides.
- ☐ Insurance card — bring it if you cannot attach a copy to the F600A.
- ☐ Registration payment — see your discipline handout and Appendix B of the handbook for fees, payment arrangements, and deadlines.

Payment reminder: Archery and Rifle fees are due in full at registration. Shotgun package payment options and deadlines are in Appendix B-6. Registration must be paid in full before first practice.

Packet Contents

1. Tennessee 4-H Enrollment Form (F 860)
2. F600A Activity and Event Acceptance Form
3. HCBOE Parent/Guardian Participation Permission Form
4. Hamblen County Enrollment Supplement, including Code of Conduct acknowledgment
5. Archery Club Membership Form — for Archery families only

Printing Instructions

Print this packet double-sided, in page order, using flip on long edge. Print at Actual Size or 100% scale. Do not resize pages or change page orientation or margins. Keep pages in packet order.

Stay Informed

The Band App is the program's official communication method for announcements and schedule updates. Review the handbook and your discipline handout for program rules and season details.

Questions?

Elizabeth D. Hobbs, 4-H Agent · 423-586-6111 · edoan@utk.edu

hamblen.tennessee.edu/hamblen-county-4-h-shooting-sports

PARENT/GUARDIAN PARTICIPATION PERMISSION FORM

STUDENT FULL NAME: _____

SCHOOL: _____

EXTRACURRICULAR ACTIVITY: 4-H _____

_____

DATES OF EXTRACURRICULAR ACTIVITY:

2026-27 School Year _____

SCHOOL SPONSOR: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN
FULL NAME PRINTED: _____

PARENT/GUARDIAN
PHONE NUMBER: _____

PARENT/GUARDIAN
ADDRESS: _____

_____

EMERGENCY CONTACT
NAME AND PHONE NUMBER: _____

_____

UT EXTENSION
INSTITUTE OF AGRICULTURE
THE UNIVERSITY OF TENNESSEE

TSU COOPERATIVE EXTENSION
COLLEGE OF AGRICULTURE
TENNESSEE STATE UNIVERSITY

2026-27 Tennessee 4-H Enrollment Form

F 860

Hamblen County School_____ Teacher_____

First Name **Middle Initial** **Last Name** **Preferred Name**

I am a ❑ Boy ❑ Girl

Race (can choose more than one)

❑ American Indian/Alaskan Native
❑ Asian
❑ Black/African American
❑ Hispanic/Latino
❑ Middle Eastern/North African
❑ Native Hawaiian/ Pacific Islander
❑ White
❑ Prefer not to answer

Grade in School

Email Address

Projects

❑Beef
❑Citizenship
❑Clothing & Textiles
❑Communications/Public Speaking
❑Companion Animals (cat, dog, rabbit, etc.)
❑Computers and Technology
❑Consumer Education
❑Creative Arts and Design
❑Culinary Arts
❑Dairy
❑Energy
❑Entomology/Beekeeping
❑Entrepreneurship
❑Environmental/Ag Engineering (EASE)
❑Food Sciences
❑Forestry, Wildlife and Fisheries
❑Goat
❑Healthy Living
❑Horse
❑Leadership
❑Mechanics/Safety Sciences
❑Outdoor Recreation/Shooting Sports
❑Performing Arts
❑Photography & Digital Media
❑Plant Sciences
❑Poultry
❑Sheep
❑Swine
❑Vet Sciences

Describe where you live

❑ Farm
❑Town or city 10,000 to 50,000
❑Central city over 50,000
❑ Rural non-farm/town under 10,000
❑ City or suburb of city over 50,000

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? ❑ Yes ❑ No

F 860 (Rev 7/26) Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.

Hamblen County 4-H Shooting Sports
Enrollment Supplement

4-H member name: _____

Parent/Guardian Information

Parent/guardian 1: _____ Relationship: _____

Email: _____ Cell Phone: _____

Parent/guardian 2: _____ Relationship: _____

Email: _____ Cell Phone: _____

Preferred contact: ☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Either

Discipline Registration

Select all discipline(s) for which the member is registering:

☐ Archery ☐ Rifle – BB ☐ Rifle – Air Rifle ☐ Rifle – Smallbore ☐ Shotgun

T-shirt size (adult sizes): ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large ☐ Other: _____

Registration Payment Information

Shotgun package – complete if registering for Shotgun:

Package: ☐ Starter - $260 ☐ Premium - $820 Ammunition add-on: _____ cases x $80 = _____

Shotgun package payment options and deadlines are detailed in Appendix B-6. Archery and Rifle fees are due in full at registration.

Payment – all disciplines:

Discipline(s): _____ Amount paid today: _____

Payment method: ☐ Cash ☐ Check ☐ Online

Check Number, if applicable: _____

For Office Use
Received by: _____

Required Forms Checklist

Check each item submitted or completed as directed:

- ☐ Tennessee 4-H Enrollment Form (front of this document)
- ☐ F600A Activity and Event Acceptance Form
- ☐ HCBOE Parent/Guardian Participation Permission Form, if applicable
- ☐ Hamblen County Code of Conduct acknowledgment below
- ☐ Archery Club membership form, if applicable

Code of Conduct Acknowledgement

By signing below, we acknowledge that we have received or had access to the Hamblen County 4-H Shooting Sports Handbook and Code of Conduct. We agree to follow the handbook, Code of Conduct, applicable discipline requirements, host range rules, and instructions from instructors, coaches, and range officers. We understand that safety violations may result in immediate removal from an activity and that other violations may result in coaching correction, dismissal, or further disciplinary action as described in the Code of Conduct.

4-H member signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

COOPERATIVE EXTENSION
COLLEGE OF AGRICULTURE
TENNESSEE STATE UNIVERSITY

4-H YOUTH DEVELOPMENT
UT EXTENSION
INSTITUTE OF AGRICULTURE
THE UNIVERSITY OF TENNESSEE

F600-A

Activity and Event Acceptance Form

Photo of Participant

Please print

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

County Hamblen

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 _____ Phone (____) _____
(Address/City/State/ZIP)

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		No	Yes	Year
Serious Injury/Illness	☐	☐	_____	Appendicitis	☐	☐	_____
Surgery	☐	☐	_____	Kidney Infection	☐	☐	_____
Ears, Eyes	☐	☐	_____	Back, Joints, Limbs	☐	☐	_____
Teeth, Tonsils	☐	☐	_____	Blood Disorders	☐	☐	_____
Rheumatic Fever	☐	☐	_____	Stomach	☐	☐	_____

Immunizations	Last Yr. Given	**Immunizations**	Last Yr. Given	**Has Had** *(please check)*
Tetanus	_____	Measles	_____	☐ Measles
Diphtheria	_____	Mumps	_____	☐ Mumps
Polio	_____	Rubella	_____	☐ Rubella
Hepatitis A, B or C *(circle one/any)*	_____	Varicella	_____	☐ 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.

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- ☐ 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 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)* (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)*

MORRISTOWN ARCHERY RELEASE FROM LIABILITY

Releasor: _____ Releasee: **ASA & ALL CERTIFIED ASA CLUBS**

Club Name: Morristown Archery Club Location: 2953 Cherokee Park Rd Morristown, TN 37814 Date: _____

Releasor hereby releases Releasee its officers, agents, board members, club members, volunteers, their heirs, administrators and executors, (herein collectively referred to as "Releasees").

Releasor, being of lawful age, (or, in the case of a minor, through his/her parent or guardian) in consideration of being permitted to participate in various shooting disciplines and activities at the **Releasees** Facility, either as a member or guest, do for myself, my spouse, legal representatives, heirs, assigns and subrogors, hereby release, waive and forever discharge **Releasees** from any and all liability for any and all losses and damages of any type or kind, and from any and all claims, suits, demands, actions or rights of actions, of whatever kind, either in law or equity, arising from or by reason of death, personal injury known or unknown, or property damage resulting from any incident which may occur during **Releasor's** presence at the **Releasees** Facility, and/or participation in any activity, whether caused in whole or in part by the **Releasees** or any other person or thing at the host while **Releasor** is present. **Releasor**, and his/her parent or guardian in the event **Releasor** is a minor, agree to fully indemnify, defend and hold **Releasees** harmless for all **Releasor's** actions or omissions while at the host. There is no limit to this indemnity.

Releasor assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of the **Releasees** or any other third party or thing while at the **Releasees** Facility, and while competing, officiating, working, spectating, or for any purpose at the Releasees Facility.

Releasor fully and completely releases the **Releasees** and any of its related parties to and from all liability to **Releasor** and to anyone or any entity claiming by, through or under **Releasor**, by subrogation or otherwise, it being **Releasor's** intent to fully waive and release all subrogation rights.

RELEASOR AGREES THAT THIS RELEASE CONSTITUTES THE ENTIRE AGREEMENT BETWEEN **RELEASOR** AND **RELEASEES** AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL, AND THE SAME SHALL CONTINUE IN FULL FORCE AND BE APPLICABLE TO ANY AND ALL ACTIVITIES **RELEASOR** ATTENDS WHILE AT THE **RELEASEES** FACILITY.

See back for signatures and dates

Safety Guidelines For Shooters

- NEVER intentionally shoot arrows into the ground.
- Only point bow at intended target.
- Never nock an arrow until the intended target is clear of other shooters.
- Stay on designated paths.
- Look for arrows only after competition is completed for the day.
- If returning to look for lost arrows place a marker or your equipment in front of the target.
- Adults must supervise children at all times.
- Draw weight should be such that shooters are able to draw and aim their bow with control and without undue physical discomfort.
- Always insure that equipment is in good working order.

*****This form is to be maintained on file by the host club for the competition year.**

RELEASOR HAS CAREFULLY READ THIS RELEASE AND UNDERSTANDS ALL OF ITS TERMS. **RELEASOR** EXECUTES THE SAME VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.
My signature below attests that I have read, understand and agree to the information on the other side of this page:

Printed Name	Signature	Date	Witness Signature

Year: 2027

Morristown Archery Club Membership Application

The following application is to be read, and filled out in its entirety by all perspective and active members. The application will be kept on file by the club secretary. Applications are to be renewed each year on or before January 1st.

I, _____, agree to be a member that is loyal to the club, club officers, and all club members. I also agree to do my share of duties necessary to maintain the club facilities. I will conduct myself in a responsible manner at all times, follow all game laws, and respect all club rules/policies. I promise fairness and honesty in all competitions and settings affiliated with the club. I will not consume or conceal any alcoholic beverages/illegal substances on club grounds at any time. I understand by being a new member, I will remain a new member for a full calendar year from the date of my sign up. As a new member, I understand that my membership is temporary for a full 30 days from the time my application is received. After the 30 days my membership can be accepted or denied by the Club and its members. If my membership is accepted, I will be given a key to the facility with the understanding, that all rights and keys to the facility can be taken away for any misconduct or misuse of the facility and its resources. If denied, I will leave the facility quietly.

New Member ☐ Renewal ☐

Applicants Name (Print): _____

Family Members: _____

Mailing Address: _____

_____

Home Phone: _____ Cell Phone: _____
(Members will be notified of meetings via text message)

Family ☐ Individual ☐ Membership End Date: _____

Fee Paid: Yes ☐ No ☐ Amount Paid: _____

ASA: _____ Expiration Date: _____

By signing this application, I agree that I have read and understand the rules and guidelines set by the Morristown Archery Club and I will follow them to the best of my ability.

Applicants Signature: _____ Date: _____

Approved by: _____ Date: _____