

**2019 Level 2 Western Heritage  
National 4-H Shooting Sports Workshop  
MAY 20-23, 2019  
BOZEMAN, MONTANA  
Application/Registration Form**

A national level 4-H Western Heritage training is scheduled for May 20-23, 2019 in Bozeman, Montana. This training will certify leaders to serve as statewide instructors in their home state. Due to the newness of Western Heritage to many states, participants are not required to have previous Western Heritage experience. Experience in some shooting sports discipline, however, is preferred.

The training begins Monday evening, May 20, with an opening session and concludes Thursday evening, May 23, with a closing session. The registration fee of \$385.00 (double occupancy) / \$525 (single occupancy) includes 4 nights lodging Monday – Thursday nights (fee based on two per room), hotel breakfast; Lunch & Dinner Tues-Thur; accident insurance and instructor materials. All firearms and ammunition are provided.

Please pass this information along to anyone in your state who may be interested. **Enrollment is limited to twenty participants.** **An application is attached with a deadline of May 1, 2019.**

Return completed application with full payment to your State 4-H Shooting Sports Coordinator.

Registration is considered complete when all forms and full payment is received. Payment is requested to be ONE CHECK / CREDIT CARD PAYMENT PER STATE if possible. Payment can be made by Credit Card **Make Checks Payable to Montana 4-H Foundation.**

Participants at National Workshops must have the approval of their State 4-H Shooting Sports Coordinator.

Your State Coordinator: \_\_\_\_\_

Coordinator Address: \_\_\_\_\_

Coordinator Phone: \_\_\_\_\_

Coordinator Email: \_\_\_\_\_

**REGISTRATION FEES (CHECK YOUR CHOICE)**

\_\_\_\_\_ REGISTRATION WITH **DOUBLE OCCUPANCY LODGING \$385 per person**  
INDICATE ROOMING WITH: \_\_\_\_\_

\_\_\_\_\_ REGISTRATION WITH **SINGLE OCCUPANCY LODGING \$525 per person**

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs.

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parish: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Cancellation/Refund Policy**

If you need to cancel your registration for any reason the following policy applies. A \$100 cancellation fee will apply or the registration may be transferred to another suitable person if notification is at least one week in advance of the training and the individual registers for the same discipline. The new person will need to fill out all forms.

**Method of Payment** Check or Credit Card

**Special Dietary Needs** (List any special dietary needs you have):

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**Reasonable Accommodation**

To request a disability-related accommodation to participate in the National 4-H Shooting Sports Workshop, please contact the host state Coordinator, Todd Kesner, email: [tkesner@montana.edu](mailto:tkesner@montana.edu) Phone: 406-994-3501), before completing the registration process and prior to the registration deadline of May 1, 2019.

**Criteria**

In order for a participant to attend a National 4-H Shooting Sports Workshop, he/she must meet the following:

1. Have state 4-H (Level 1) certification in the discipline in which enrolled. (With State training opportunities limited in the Western Heritage discipline, teaching experiences in similar programs or in other disciplines will be considered.) Please understand that this is a National 4-H (Level 2) instructor training with the expectation that the participant return to their respective state to become a member of their state training team where they will commit to assist in teaching one state workshop annually for 3 years. Prior Western Heritage training waived for this workshop.
2. Have a minimum level of experience teaching in the discipline to be determined by each discipline instructor(s).
3. Have interest in 4-H, positive youth development, and S.T.E.M.
4. Endorse the Train-the-Trainer concept in 4-H Shooting Sports.
5. Have experience teaching youth and/or adults.
6. Have current 4-H Volunteer status or Extension Faculty status in their state.
7. Have been recommended by their State 4-H Shooting Sports Coordinator.

**STATE 4-H SHOOTING SPORTS COORDINATOR VERIFICATION**

I verify that the above individual has met the criteria for participation in the National 4-H Shooting Sports Instructor training workshop.

State Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Western Heritage

*I understand that if I attend this workshop, I will assist with at least one state level 4-H Shooting Sports Training workshop for leaders in my state each year for the next three years.*

Signature of Applicant: \_\_\_\_\_

**EXPERIENCE WITH 4-H OR OTHER YOUTH ORGANIZATIONS**

Please describe your experience working with youth through 4-H, Scouts, or similar organizations.

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**PREVIOUS 4-H SHOOTING SPORTS TRAINING**

List your previous 4-H shooting sports training received, and any certification you have received.

<u>Discipline</u>	<u>Training Received</u>	<u>Date</u>	<u>Certification Level</u>

**SHOOTING BACKGROUND**

Do you have hunting experience? Yes \_\_\_\_ No \_\_\_\_ Number of Years \_\_\_\_\_

Types of Hunting:	
Specialized Training:	
Honors/Recognition:	

## COMPETITIVE EXPERIENCE

Do you have competitive experience? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Years \_\_\_\_\_

Disciplines:	
Past/Present Classifications	
Specialized Training:	
Honors/Recognition:	

## COMMUNITY ACTIVITIES

Please list your participation in community activities and organizations, and offices or leadership positions held.

<u>Organization or Activity</u>	<u>Offices/Leadership Positions Held</u>	<u>Honors/Recognition</u>

## HOBBIES/OTHER INTERESTS

Describe any other interests, skills, or hobbies you enjoy.

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## REFERENCES

Please list two references who will endorse your qualifications.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Email</u>

# National 4-H Shooting Sports Workshop Registration Adult Consent and Release Form

*Participant (please print):*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_ Date of Workshop: May 20-23, 2019

Workshop Activity: \_\_\_\_\_ National 4-H Shooting Sports Western Heritage Workshop

I, \_\_\_\_\_ hereby confirm that I am the above named person. I confirm that I plan to attend the above workshop/activity and all related workshops and activities. I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may accrue against the National 4-H Shooting Sports Committee, Montana State University, or their representative agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored events. In case of emergency, I understand that every effort will be made to contact my emergency contact person. In the event the contact person cannot be reached, I hereby give permission to the physician selected by the event leader to hospitalize and secure proper treatment (including surgery) for myself. I understand, and give my consent, that any photos taken of myself participating in a 4-H event may be used in future extension and/or shooting sports publications or printed promotional materials. I have read, understand, and agree to the above statement and do sign this agreement of my own free will.

Please sign your name here (original): \_\_\_\_\_

Name of emergency contact person (please print): \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Day Phone: \_\_\_\_\_

Emergency Night Phone: \_\_\_\_\_

**PLEASE PRINT OUT AND MAIL WITH ORIGINAL SIGNATURE TO:**

**Dr. Todd Kesner (Co-Chair)**

4-H Center for Youth Development  
206 Taylor Hall, MSU  
P.O. Box 173580  
Bozeman, MT 59717-3580  
E-mail: [tkesner@montana.edu](mailto:tkesner@montana.edu)  
Phone: 406-994-3501

# National 4-H Shooting Sports Adult Participant Health Form

(Please check appropriate boxes)

(ONLY ONSITE EMERGENCY PERSONEL WILL HAVE ACCESS TO THIS INFORMATION)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you have any complaints or illness at this time?  No  Yes (If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_

Are you taking medications?  Yes  No

If yes, please explain. \_\_\_\_\_

Are you on a special diet?  Yes  No

If yes, please explain. \_\_\_\_\_

Do you have the following?

Diabetes  What type of medication and dosage? \_\_\_\_\_

Asthma  Do you carry an inhaler?  Yes  No

Allergy  To what? \_\_\_\_\_

Last tetanus shot? \_\_\_\_\_

Other conditions or comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician's name and phone number: \_\_\_\_\_

\_\_\_\_\_

Health Insurance Carrier and Group/Policy: \_\_\_\_\_

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