

2014 National 4-H Shooting Sports Workshop Schedule
April 6-11, Pollock, Louisiana

Preparation Day, Sunday, April 6

TBD National Committee and Instructors arrive
TBD National Committee and Instructor meeting
TBD Set-up discipline areas
5:00 p.m. Dinner

Day 1, Monday, April 7

1:00 – 6:00 p.m. Participant Registration & Check In
6:00 – 7:00 Opening Reception and Dinner
7:00 – 7:30 General Session
 Welcome to Louisiana
 Pledges
 New Vision for National workshops
7:30 – 8:30 Disciplines meet for first time – Breakout rooms
 Pre-Test Evaluation
8:30 National Committee/Instructor meeting

Day 2, Tuesday, April 8

7:00 - 8:00 a.m. Breakfast
8:00 - 8:30 Discipline Orientation
8:30 – 9:30 First Shot Fundamentals – Discipline, Action/Debrief
9:30 – 10:00 Ages and Stages – Discipline, Action/Debrief
10:00 – 10:30 Break
10:30 – 11:00 Shooting Sports Handbook and Lesson Plans – Discipline, Debrief
11:00 - 11:30 Essential Elements – Discipline, Debrief
11:30 – 12:30 p.m. Experiential Learning, Discipline, Action/Debrief
12:30 – 1:30 Lunch

1:30 – 2:00 Range Commands, Set-up, Control, Safety - Discipline
2:00 – 3:00 Demonstration of Range Skills – Discipline, Action/Debrief
3:00 – 3:30 Break
3:30 – 4:00 Teaching for Success – Disciplines
4:00 – 5:00 Preparation Time for Team Teaching
5:00 – 5:30 Break
5:30 – 7:00 General Session
7:00 Dinner
8:30 National Committee/Instructors' Meeting

Day 3, Wednesday, April 9

7:00 - 8:00 a.m. Breakfast
8:00 – 8:30 a.m. Discipline Review
8:30 – 9:30 Team Teaching 1 - Lesson Plan(s) – Discipline, Action
9:30 – 10:00 Team Teaching 1- Lesson Plan(s) – Discipline, Debrief
10:00 – 10:30 Break
10:30 - 11:30 Team Teaching 2 - Lesson Plan(s) – Discipline, Action
11:30 – 12:00 p.m. Team Teaching 2 - Lesson Plan(s) – Discipline, Debrief
12:00 – 1:00 Lunch
1:00 – 2:00 General Session - STEM
2:00 – 3:00 Team Teaching 3 - Lesson Plan(s) – Discipline, Action
3:00 – 3:30 Team Teaching 3 - Lesson Plan(s) – Discipline, Debrief
3:30 – 4:30 Team Teaching 4 - Lesson Plan(s) – Discipline, Action
4:30 – 5:00 Team Teaching 4 - Lesson Plan(s) – Discipline, Debrief
5:00 – 5:30 Break
5:30 – 7:00 General Session
7:00 Dinner
8:30 National Committee/Instructors' Meeting

Day 4, Thursday, April 10

7:00 - 8:00 a.m. Breakfast

8:00 – 8:30 a.m. Discipline Review

8:30 – 9:30 Team Teaching 5 - Lesson Plan(s) – Discipline, Action

9:30 – 10:00 Team Teaching 5- Lesson Plan(s) – Discipline, Debrief

10:00 – 10:30 Break

10:30 - 11:00 Discipline Review and Exam Preparation

11:00 – 12:00 p.m. Discipline Exam

12:00 – 1:00 Lunch

1:00 – 2:30 Discipline Practicum

2:30 – 3:00 Break

3:00 – 3:30 Exam and Practicum Debrief

3:30 – 4:00 Post-test Evaluation

4:00 – 5:00 Focus Groups

5:00 – 5:30 Break

5:30 – 7:00 Dinner - Graduation, Closing Comments

Participants can depart for home after closing comments or spend the night

Day 5, Friday, April 11

7:00 - 8:00 a.m. Breakfast

8:00 – 9:00 a.m. National Committee/Instructors' Meeting

9:00 – 10:00 National Committee/Instructors tear down and ship out

2014 National 4-H Shooting Sports Workshop
April 7-11, 2014
Pollock, Louisiana
Application/Registration Form

The 2014 National 4-H Shooting Sports Workshop will be held at the Grant Walker 4-H Educational Center, Pollock, LA. **Registration fees and postmarked deadlines as follows: Until March 17, 2014--\$200.00 per person; March 18-24, 2014--\$250.00 per person. NO REGISTRATIONS ACCEPTED AFTER March 24.** Return completed application with full payment to your State 4-H Shooting Sports Coordinator. Coordinators are to return completed applications to: David Boldt, 169 Knapp Hall, 110 LSU Union Square, Baton Rouge, LA 70803. Registration is considered complete when all forms and full payment is received. Payment is requested to be ONE CHECK PER STATE if possible. Registration is on a first come, first serve basis. The National Committee may limit participant number in a discipline in order to maintain a quality educational experience. 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: _____

PARTICIPANT INFORMATION

Name: _____ Mr. Ms. Mrs.

Address: _____ City: _____

State: _____ Zip: _____ County/Parish: _____ Home Phone: _____

Business Phone: _____ Fax Number: _____

Cell Phone: _____ Email: _____

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

Reasonable Accommodation

To request a disability-related accommodation to participate in the National 4-H Shooting Sports Workshop, please contact the host state Coordinator, David Boldt (dboldt@agcenter.lsu.edu or 225 578-2196) , before completing the registration process and prior to the registration deadline of March 24, 2014.

Participants Need to Arrive Monday, April 7, Check In Begins at 1:00 pm
Program Begins at 6:00 pm

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. 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.
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 this individual has met the guidelines of the National 4-H Shooting Sports Committee to attend the National training.

State Coordinator Signature: _____ Date: _____

Please indicated your choice of discipline area (*Note: you will participate in only one discipline throughout the entire week long training*). Change of discipline after acceptance of registration is highly unlikely. If that opportunity does exist, it must be approved by your State Shooting Sports Coordinator.

Archery
Pistol

Coordinator
Rifle

Hunting
Shotgun

Muzzleloading

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.

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.

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: April 7-11, 2014

Workshop Activity: National 4-H Shooting Sports 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, Louisiana State University, Grant Walker Educational Center, 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:

**David Boldt
169 Knapp Hall
110 LSU Union Square
Baton Rouge, Louisiana 70803**

OR

BRING WITH YOU TO THE NATIONAL EVENT

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? Yes No 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: _____

Registration fees and deadlines as follows:

March 17, 2014: \$200 per person

March 18-24, 2014: \$250 per person

No Registrations Accepted After March 24, 2014.

State Coordinators are to return completed applications and payment to:

David Boldt

169 Knapp Hall

110 LSU Union Square

Baton Rouge, Louisiana 70803

dboldt@agcenter.lsu.edu

Telephone: 225-578-2196

Registration fee includes: Meals, lodging, meeting rooms, ranges, accident Insurance, class materials and supplies.

Note: You will need to bring – blanket/sleeping bag, pillow, bathroom supplies (soap, towels, toothbrush, etc.)

Please send one check/money order per state made payable to: **LSU AgCenter**

Registration fee is based on when complete application and payment are postmarked.

If your organization needs an invoice, please contact David Boldt at dboldt@agcenter.lsu.edu.

Cancellation/Refund Policy

If you need to cancel your registration for any reason the following policy applies. A \$50 cancellation fee will apply or the registration may be transferred to another person if notification is at least one week in advance of the training. The new person will need to fill out all forms.

Method of Payment (Do Not Send Cash)

Venue:

Grant Walker 4-H Educational Center

3000 Hwy 8

Pollock, LA 71467

318-765-7209

<http://www.lsuagcenter.com/en/4H/camp/>

Vehicle Travel Miles:

Houston, Texas – 250 miles

Little Rock, Arkansas – 250 miles

Jackson, Mississippi – 190 miles

AIR TRAVEL:

AEX

England Airpark

1611 Arnold Drive

Alexandria, LA 71303-5636

318.449.3504

<http://www.englishairpark.org/aex>