


Rolling Plains District 3 4-H Archery Games

February 6, 2024

TO: District 3 County Extension Agents

FROM: 
Seth Hall
Extension Program Specialist 4-H

SUBJECT: 2024 ROLLING PLAINS DISTRICT 3 4-H ARCHERY GAMES

Enclosed you will find the 2024 District 3 4-H Archery Games Information

Event Date: Saturday, May 18, 2024
Check-In at 7:45 AM (Each contestant must check in with waivers, bow and arrows)
Morning Start Time: 8:30 AM
Break for lunch when morning relay finishes
Afternoon Check In: 12:45 PM (Each contestant must check in with bow and arrows)
Afternoon Start Time: 1:30 PM
Estimated Finish Time and Awards: 5:00 PM
Orientation will be held at each field prior to event start.

Questions or Accommodations Inquires can be made to:
Jerry Coplen, Knox County 940.459.2651
Maranda Revell, Archer County 940.574.4914
Justin Gilliam, Hardeman County 940.249.2748

Location: Archer County Youth Shooting Sports Complex
1000 West South Street
Archer City 76351
Shooting Sports Complex is on the SW side of the lake.

Registration: Registration on 4-H Connect
April 1st – 22nd Registration entry fee is \$25.00 per youth.
April 23rd – 29th Late Registration, \$25.00 late fee + original \$25.00 entry fee. After this time, no more late registration will be accepted. You will NOT be able to register or pay the day of the contest for the District 4-H Contest.

Lunch: Archer County will serve as Host County. Please submit complete lunch reservation form to Archer County by April 29th - P.O. Box 580, Archer City, TX 76351

Mules, golf carts or similar motorized equipment will not be allowed on the ranges, except for those reserved for event staff mobility or pre-approved accommodations.

District 3 / 4-H & Youth Development

Texas A&M AgriLife Extension Service
11708 Hwy. 70 S., P.O. Box 2159, Vernon, Texas 76385-2159
Phone Numbers 940/552-9942 FAX 940/553-4657



Rolling Plains District 3 4-H Archery Games

Contest Rules & Guidelines

Participation: Participants must be 4-H members currently enrolled in a Texas 4-H & Youth and Development county program and actively participating in the Shooting Sports Project, under a Certified 4-H Archery Coach.

Age Divisions: Age divisions are determined by a participant’s age as of August 31, 2023 as follows:

<u>Division</u>	<u>Grades</u>
First Year Junior	8 years old and 3 rd -5 th grades & first year to participate in Archery Project (These are 4-H members that have just begun shooting with a certified 4-H archery coach since August 2023 AND have no competitive experience.)
Junior	8 years old and 3 rd , 4 th , and 5 th grades
Intermediate	6 th , 7 th , and 8 th grades
Senior	9 th , 10 th , 11 th , and 12 th grades

Bow Classes: Bow classifications will follow the currently published Texas 4-H Shooting Sports Indoor Archery Handbook. If you have a question about bow classifications, contact a match director. The maximum draw weight for 4-H target archery competitions is 60 pounds. Bows may be subject to verification at the discretion of event management. You must shoot the same bow for each match. (changing equipment is permitted in the event of equipment failure)

Bare Bow (longbow or recurve): Bows may not be equipped with sights or sighting marks. Mechanical release aids are not permitted. Kisser buttons are not permitted; cushion plungers are not permitted.

Recurve: Bows may be equipped with a single sighting device, single pin, multiple pin, or hunting style sights; may not be equipped with string peeps or string marks for rear sights. Laser or other holographic sights which paint a target will not be allowed. Mechanical release aids are not permitted.

Compound Aided: Bows may be equipped with magnified sights and stabilizers. Mechanical release aids are permitted. Laser or other holographic sights which paint a target will not be allowed.

Compound Unaided: Bows may not be equipped with magnified sights or stabilizers. Bows may be equipped with fixed single pin or multiple pin sights. No Peep Sight. Mechanical release aids are not permitted. Kisser buttons and string peeps are not permitted.

NASP: This class is utilizing NASP equipment only - Genesis or mini Genesis bows “out of the box” with no sights, sighting marks or stabilizers. No Genesis Pro or Genesis Gen-X bows will be in this class. Mechanical release aides are not permitted. The white nock point may have been replaced with a brass, tied or similar nock point. Only Easton 1820 30" arrows are allowed in this class.



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Arrows may not exceed 23/64-inch diameter. A minimum of 6 arrows will be needed. 10 are recommended. A belt quiver or back quiver is required for safe carry.

Optics: Binoculars are allowed. Range finders or similar devices, including cell phone apps will not be permitted. Bow sites which incorporate range finders or possess wi-fi (or any other wireless capability) will not be permitted. Use of any type of range finding device will result in disqualification.

Modified 300:

Dress Code: All archers must wear a shirt with sleeves and closed toed shoes in order to shoot. No flip flops, clogs, Crocs or similar footwear will be allowed. Capris or shorts that are 4-H appropriate will be acceptable on the Mod 600 course ONLY. Long hair must be tied back. Any archer arriving at this course otherwise dressed will not be allowed to enter the course.

Target: Recurve, Barebow, and NASP archers will compete on the 60 cm FITA face and all compound archers will compete on the 40 cm FITA face. The use of 3 Spot targets is the option of the shooter and must be declared with enough time to provide the appropriate target on the range.

Course of Fire: We will be using the state indoor rules The match consists of standard FITA (Federation of International Target Archery) targets (9 meter or 18 meter indoor rounds)

- ❖ . The 9 meter course will be set up for the Junior 'First Year' class ONLY and will consist of 10 ends of 3 arrows each (30 arrows total; 300 points possible).
- ❖ The 18 meter course will be set up for all age divisions Junior through Sr. and 'First Year' classes within Intermediate, and Sr. and will consist of 10 ends of 3 arrows each (30 arrows total; 300 points possible).

Time Limits: Shooters have a total of four minutes to shoot each end of six arrows and two minutes to shoot each end of three arrows.

Scoring and Tabulation: The lines between scoring areas of the target are part of the higher value scoring area. A shaft touching a scoring line receives the higher value score. From the center of the target outward, the scoring areas are 10, 9, 8, 7, 6, 5, 4, 3, 2, 1. Shots outside the scoring area are scored as misses. Any scantron being rendered unusable due to lack of care or archer error, personal or by other archers, will not be scored.

5. 3-D

Dress Code: All archers must wear long pants and sturdy closed toed shoes in order to shoot. No flip flops, clogs, Crocs or similar footwear will be allowed. Long hair must be tied back. Any archer arriving at this course otherwise dressed will not be allowed to enter the course.

Target: Any quality 3-D target designated by the shoot management may be used in this event. The target at any given shooting station shall remain the same for the duration of the shoot, but each



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station may use a different type of target. Each target will have a center scoring area and an outer scoring area that cannot be observed with the unaided eye at the shooting stake. Electronic range finders of any type are not permitted. Standard binoculars are permitted.

Course of Fire:

First Year Juniors & Juniors - shoot a total of 30 targets at unknown ranges from 1 to 30 yards or their metric equivalent.

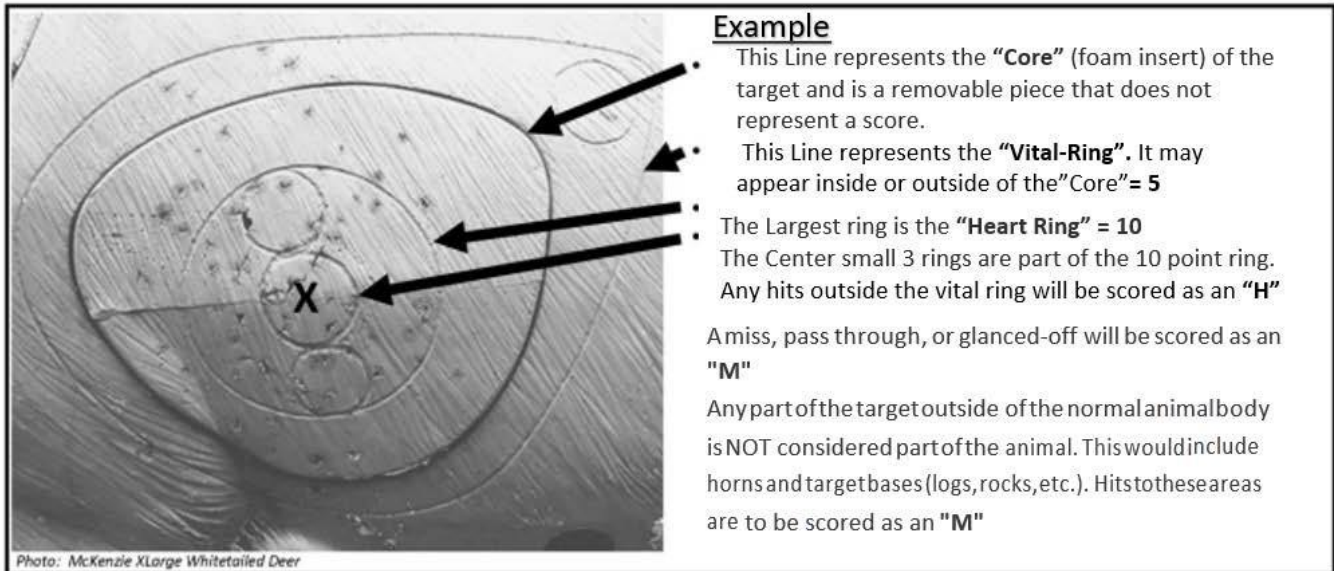
Intermediate - shoot a total of 30 targets at unknown ranges from 1 to 50 yards or their metric equivalent.

Seniors - shoot a total of 30 targets at unknown ranges from 1 to 60 yards or their metric equivalent.

Time Limits: Although no posted time limits are set, shooters must make ready and shoot in an expeditious manner. Time to judge range, determine kill zone location, adjust sights and otherwise make ready will be provided, but no shooter will impose excessive delay without due cause. A maximum of 2 minutes searching time is permitted for any lost arrow.

Spectators: Those spectating the 3-D match must remain in the designated areas in order to maintain an orderly flow of traffic at each shooting station.

Scoring: 10 / 5 / H / M



Scoring and Tabulation

Each squad is responsible for recording their scores. If there is a question regarding a scored arrow, request assistance of a range officer. All scoring questions should be resolved at the field prior to turning in scorecards. Any scorecard being rendered unusable due to lack of care or archer error, personal or by other archers, will not be scored.



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Agent Responsibilities / Contest Responsibilities

Check in:

Check in Table for morning and afternoon:

Step 1: (morning check in only) 3 or 4 people to collect waivers, and issue Scantrons, lunch ticket; contestant initials master list

Step 2: 2 people – Verify personal information, match and bow class for each contestant;

Step 3: 2 people – Verify that the bow presented is correct for the bow class on the scorecards; verify that the arrow is less than $\frac{23}{64}$ -inch diameter. Collect the scorecards.

Step 4: 2 people - Squad shooters in groups of 2, 3 or 4 with shooters from other counties if possible – Mod 600 is squaddled by age group – 3-D is preferably squaddled with at least 1 person in each age group.

Mod 300 -

1 Range Master – gives the orientation, calls the squads, calls the line and provides the whistle commands, deals with any questions regarding major problems.

3 or 4 Range Officers – observes shooters for safety and any other issues, observe/assist with scoring questions and arrow retrieval; keep things moving between ends.

3-D -

1 Range Master – gives the orientation, calls the squads, supervises the whole course, deals with any questions regarding major problems.

8 – 10 Range Officers - observes shooters for safety and any other issues, observe/assist with scoring questions and arrow retrieval; keeps a close eye on arrow retrieval in the brush; keep things moving between ends, monitors parents, etc. to stay on the road.

Tabulation –

Specific Agent(s) to be assigned; duties as assigned

Those working check in will need to communicate with those in tabulation.

Clip Boards

Extra Clipboards will be needed, Agents are asked to bring what you have available.

Specific Agent Assignments will be made after registration closes on April 28th.

All Ag and 4-H Agents should hold the date.



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2024 District 3 4-H Archery Games
Archer County Extension Facility –
Archer City, Texas
May 18, 2024

Lunch Reservation
Orders are Due April 29, 2024

PLEASE COMPLETE AND MAIL WITH YOUR PAYMENT TO
Texas A&M AgriLife Extension Service - Archer County
PO Box 580
Archer City, Texas 76351

MAKE CHECKS PAYABLE TO: Archer 4-H

County _____ County Extension Agent _____

NUMBER LUNCH TICKETS _____ X \$12.00 each = \$ _____ TOTAL

Lunch will consist of Entree & Drink. No Lunch
Tickets will be sold day of the Contest. No refunds
on lunch tickets ordered.

2023-2024 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Texas A&M AgriLife Extension District 3 Archery Contest CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

- EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of Texas 4-H (“activity”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
- INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
- COVID-19.** I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC’s Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
- NO INSURANCE.** I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
- BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
- MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes,

RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

In case of emergency, contact: _____

At the following number: _____

If the participant has medical insurance, please indicate: _____

Insurance Company: _____ **Policy Number:** _____

Name of Primary Policy Holder: _____

Please list any special service your child may require: _____

SIGNED this _____ day of _____, 20_____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____