



***Interested in dog training? Thinking about a career in the dog industry? Love learning about dogs? Want to meet other like-minded friends who love dogs like you do? Want to learn how you can compete in canine sports?***

***If you said “yes!” to any of these questions, then come join...***



## **Friday Youth Canine Clubs!**

**2018 Fall Dates: Sept 28<sup>th</sup>, Oct 12<sup>th</sup>, Oct 26<sup>th</sup>, Nov 30<sup>th</sup>, Dec 7<sup>th</sup>**

### **Canine Sports Handling Club -Youth Ages 10-15:**

**5:45-7:00pm (for new members) OR 7:15-8:30pm (for returning members)**

- You will learn all about positive dog training, canine behavior and care, and have the opportunity to try the following dog sports: Agility, Swimming/Dock Jumping, Rally, Tricks/Retrieval Games, and Nose Work!

***NOTE: Participants will work with instructors' certified and experienced dogs.***

### **Benefits:**

- Fun and fascinating canine topics
- Opportunities to volunteer(great for college apps!)
- Leadership development
- An opportunity to make new friends
- Interactive, hands-on learning
- Learn positive/motivational dog training
- Learn how to compete in canine sports
- Development of goal-setting skills
- FUN!

**NOTE: Optional volunteer opportunities to help at Agility Trials! (additional information to come)**

**Cost: \$60 (includes 5 sessions, snacks, t-shirt, and hand-outs)**

### **How to Apply:**

Please complete the attached application and mail to: Think Pawsitive Dog Training LLC, 2485 S. Commerce Drive, New Berlin, WI 53151 or email to: sheila@thinkpawsitivedog.com

**Questions?** Please call Think Pawsitive at 262-641-9540 or email: sheila@thinkpawsitivedog.com

## YOUTH CANINE CLUB APPLICATION: For Parent/Guardian

Please "X" which time slot you wish to attend:

\_\_\_ 5:45 – 7:00 pm for new members

\_\_\_ 7:15 – 8:30 pm for returning members

### For Parent/Guardian to Complete

Child's Name \_\_\_\_\_ T-shirt size (youth sizes) \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in School \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Parent/Guardian Email(s) \_\_\_\_\_

Parent(s)/Guardian(s) Home # \_\_\_\_\_

Parent(s)/Guardian(s) Cell # \_\_\_\_\_

Parent(s)/Guardian(s) Work # \_\_\_\_\_

### Child's Health History

Does your child have any special medical or health concerns? If yes, please explain.

Has your child had any serious illnesses or injuries in the last year? If yes, please explain.

Please list your child's allergies or special dietary concerns, if any. (Please note that snacks with peanuts or tree nuts will not be served.)

Please list any medications your child is currently taking.

Date of most recent physical \_\_\_\_\_ Is your child current on all required immunizations? Yes \_\_\_ No \_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent Permission, Media and Emergency Release, and Waiver**

As the parent/guardian of the child listed on this application, I grant my permission for my child to engage in all activities provided in the Think Pawsitive Dog Training LLC Youth Canine Sports Program clinics. I confirm that my child is capable of participating in all activities. I understand that Think Pawsitive Dog Training LLC is not responsible for any lost or damaged items.

I grant my permission for Think Pawsitive Dog Training LLC to take photos and video footage of my child during the duration of activities that may be used for future promotional use. I give my consent for emergency medical care and/or hospital treatment to be administered in the event that I cannot be contacted or reached. I give consent in advance of specific diagnosis or treatment deemed necessary by an emergency physician or care provider.

All fees for service(s) are due by the start of service. Deposits are non-refundable. Acceptable forms of payment are: Visa, Master Card, check, or cash. Participant recognizes inherent risk in dog training or swimming a dog and realizes that a dog is a creature capable of and given to independent action. Participant assumes the entire risk and responsibility for property damage and personal injury, harm, or death that may occur to themselves or any guest they bring with them as a result of the actions or inactions of participant, another person, or certain canine behaviors included, but not limited to, biting, knocking over, jumping upon, transmittable diseases, or unpredictable reactions to drugs or medications whether caused by participant’s dog or the dogs of other participants.

Participant agrees to fully release and forever discharges Think Pawsitive Dog Training LLC, its agents and employees, from any and all claims for loss, damage or injury to your dog(s) while in the care or on the premises of Think Pawsitive Dog Training LLC facility. Services such as: Dog Training, Seminars, Pool Use, Dog Wash, Rental use of facility areas/equipment or any other services or activities on the premises.

I accept the terms, conditions and policies of Think Pawsitive Dog Training LLC set forth by this agreement.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Child Pick-up**

I give the following individual(s) permission to be called in the event of emergency that I (and additional parent/guardian listed above, if applicable) cannot be reached. I also give the following individual(s) permission to pick up my child in the event that I am unable to do so. (Please note that photo identification will be required as well as prior notification of change in pick-up.)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**YOUTH CANINE CLUB APPLICATION: (*For NEW club members to complete*)**

Do you have a dog?

If yes: what is your dog's name and what kinds of things do you like to do with your dog?

If no: Have you spent time with dogs (family members' dogs, friends' dogs, etc.)? If so, what did you enjoy about it?

How do you spend your free time? What are your hobbies?

Why are you interested in participating in this camp?

What else would you like us to know about you? ☺

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Thank you for applying to Think Pawsitive's Youth Canine Club!***