

www.DTCCC.org The Dog Training Club of Chester County 610-280-6960

Dog Training for Kids- 4 week session- FEE \$90

Is your child interested in training the family dog? This 4 week summer session is just for them. Exercises will include the basics: sit, down, wait, come when called, walking on leash, plus fun training games, tricks, and dog and kid safety – all taught using positive methods.

Requirements: All dogs must be dog & people friendly. Dogs should be size appropriate for handler.

Children 12 years and older, younger handlers considered with prior approval. Adult guardian must accompany child in class.

Class meets for one hour, once a week, for four weeks. No refunds after the start of the first class. See policy on reference page.

Name _____

Phone (Day) _____ (Eve.) _____

Cell _____ Email _____

Address _____

City _____ State _____ Zip _____

Dog's Name _____ Breed _____

Sex _____ Spayed / Neutered / Intact _____ Age at start of class _____

Name of adult guardian: _____

List any previous formal training your dog has received? _____

Please list class start date.

START DATE	TIME	INSTRUCTOR
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Make checks payable to DTCCC.

Include this signed application, family dog profile, and copy of current vaccination record. (DHLPP and RABIES)

The applicant's training fee covers and includes participation in the DTCCC pet class as well as an associate membership which terminates at the conclusion of the four week session.

Mail to: Peg Bader, Scheduling, 1420 Manor Road, Coatesville, PA 19320 610-383-1979

Waiver, Release and Assumption of Risk

I understand that my attendance and participation in any Dog Training Club of Chester County, Inc. (hereinafter referred to as the "Training Club") class or activity, including agility training or obedience school, is not without risk to myself, my dog(s) or any family member or guest who might be present at such function. Some dogs to which I might be exposed may be difficult to control and/or aggressive towards other canines, and may be a cause of injury even when handled with care. In addition, it is my responsibility to keep my dog current on vaccinations, but I recognize that dogs may still be susceptible to various diseases in spite of the vaccinations. I expressly assume the chance of such damage or injury while attending any training class or activity of the Training Club or while on the Training Club's facilities or neighboring area thereto.

I hereby waive, release, discharge, and covenant not to sue the Training Club, its officers, members and agents from any and all liability of any nature, for injury or damage which I, my dog, or any family member may sustain, including specifically, but without limitation, any injury or damage caused by the action of another dog or participation in the foregoing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may presently have or in the future have, for the negligent acts or other conduct by the officers, members, or agents of Training Club.

In further consideration of the foregoing and as an inducement to my participation in Training Club classes or activities, I hereby agree to indemnify and hold harmless Training Club, its officers, members and agents, of and from any and all claims, causes of action, losses, damages, judgments, costs, or expenses, including attorneys' fees, which in any way arise from my or my family members or guests acts, omissions and/or negligence, irrespective of whether the acts, omissions and/or negligence of the Training Club, its officers, members and agents, or any third party contributed to the loss.

Dated: _____

Signature of Owner/Member/Participant

(Print Name)

Dated: _____

Signature of Handler (if Different from Owner)

(Print Name)

PHOTO RELEASE: I hereby consent to and authorize the use and reproduction by The Dog Training Club of Chester Co. of any and all photographs taken of me and/or my dog, for promotional printed material, web site, seminars, matches, etc.

Photo consent given by (Signature): _____

I do not give my consent for photographs (Signature): _____

Keep this Portion for Reference!

Classes meet for one hour once a week, for four weeks. There may be breaks for holidays, weather cancellations, or other events. Classes and schedules are subject to change or cancellation if adequate enrollment is not met.

HOW TO ENROLL: Choose your class starting date. Indicate a second choice also. Classes fill early, return your completed application as soon as possible. A place in class will be reserved only when the **signed** application, profile and vaccination record is returned with payment in full of **\$90**. We cannot reserve a space in the class over the phone, fax, or internet. An adult be present with child at all classes.

My class starts:

Applicants are welcome and encouraged to stop in and observe any of our classes at any time.

MAIL APPLICATIONS TO: PEG BADER, Scheduling Secretary, 1420 Manor Road, Coatesville, PA 19320. Reservations are accepted in the order they are received in the mail. Please make check payable to DTCCC. You must include a photocopy of vaccination (DHLPP and Rabies) or your application cannot be processed.

CONFIRMATION OF ENROLLMENT: and details will be sent before class. You must be registered to attend the class. Because we limit our class size, there are no “drop-ins”, please do not attend class unless you have received confirmation of class enrollment and directions or have been directed to by the Secretary.

ALL CLASSES are held indoors at our training facility in the Whiteland Business Park in Exton
The Dog Training Club of Chester County, 880 Springdale Road., Suite 100, Exton, PA 19341(do not send payments to this address)

REFUND POLICY: Full refund issued if notice of cancellation is received by the Scheduling Secretary at least 7 days prior to the start of the first class. Cancellations made less than 7 days prior to the start of the first class will be refunded all but \$20 administration fee.

NO REFUNDS will be issued after the start of the first class. In the case of unusual circumstances, credits may be issued. A written request, along with a recommendation from the class instructor must be forwarded to the Board of Directors for consideration and approval. Requests may be directed to DTCCC Board of Directors: 880 Springdale Rd. Suite 100, Exton, PA 19341 or e-mail at infosec@dtccc.org

WHO WE ARE: The Dog Training Club of Chester County is not for profit organization providing a wide range of training programs for its' members and the public. We do not have a full time office staff. Our administration and secretarial staff consist of Club members who volunteer their free time to provide the many needed services for running our organization. When leaving messages please leave a number where you can be reached during the week and the best time to reach you. When contacting staff members at home please be considerate of the time of your call.

WHO TO CALL: For general information about the Club or classes call DTCCC at 610-280-6960 or e-mail at infosec@dtccc.org.

For information regarding status of your application or changes to your application email at: enroll@dtccc.org or contact Peg Bader at 610 383-1979.

Family Dog Profile

Please fill out both pages completely and include with your application form and fee. Applications will not be processed without profile included.

Applicant Information: Your name:

Phone:

E-mail:

How did you learn of our classes?

Is this your first dog? Yes /No Have you ever trained a dog before? Yes/No

Where?

Do you have any hearing or physical handicaps?

How many adults/children in your household?

List ages of children:

Information about your dog

Dog's name: Male / Female Spayed / Neutered / Not yet Breed:

Age at start of class: Age when you obtained your dog?

From where?

Veterinary Hospital/Clinic

Name of Veterinarian

Where did you get your dog? Breeder / Shelter / Rescue / Found / Store / Other

If your dog has any physical problems, temperament problems, or disabilities please tell us about them.

If your dog has had any illness or skin disorder in the last six months, state the nature of the problem and whether treated by a veterinarian.

What kind of dog food do you feed? Exact brand name and type (canned,dry)

What is your dogs feeding schedule?

Where does your dog sleep at night?

Has this dog attended any other training classes? If yes, where?

Describe the type and amount of exercise your dog receives weekly:

What kind of games does your dog like to play? (fetch, tug, etc)

How does your dog respond to handling and grooming?

Do you have other dogs or pets? YES(list) NO

Do you have a fenced yard? If yes, what type?

Generally, how long is your dog left alone at home during the day?

List three things you want to teach your TO DO:

- 1
- 2
- 3

List three things you want to teach your dog NOT TO DO:

- 1
- 2
- 3

Please check all the problems you would like help with:

Underline the three most troublesome to you.'

House training

Chewing

Biting / nipping

Barking

Chases

Shy

Hyperactive

Stealing

Handling/grooming

Aggressive Behavior

Growls

Nips children

Nips adults

Biting

Aggressive to dogs

Protective of food, objects

Other