



ALBUQUERQUE FALL 2010 PROGRAM REGISTRATION FORM

Since 1995, students have had the opportunity to enjoy in-depth, hands-on learning with ADW professional assistance dog trainers. Curriculum includes: Training in classroom settings and in the field; leadership and assertiveness skills, basic dog obedience training, service-dog commands and skills, public access training, disability awareness education and community interaction. Classes are open to kids ages 8 to 18.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

City, State, and Zip: _____

Email: _____ Student Birthday: _____

Please Mark Primary Contact Number

Home	Parent 1 Cell	Parent 1 Work	Parent 2 Cell	Parent 2 Work	Other

Albuquerque Fall 2010 Schedule: Tuesday, September 7 to Thursday, December 16

<u>Mondays 4-5:30 pm</u>	<u>Tuesdays 4-5:30 pm</u>	<u>Wednesday 4-5:30 pm</u>	<u>Thursday 4-5:30 pm</u>
Dogwood Therapy Services 7818 Pan American Freeway NE Albuquerque	Dogwood Therapy Services 7818 Pan American Freeway NE Albuquerque	Jewish Community Center 5520 Wyoming Blvd. NE Albuquerque	Dogwood Therapy Services 7818 Pan American Freeway NE Albuquerque

- Sign up to attend class one day a week (Monday, Tuesday, Wednesday or Thursday) for minimum of one month.
- **Classes will begin Tuesday, September 7.** (No class Monday, September 6 due to Labor Day.) Class run through Thursday, December 16.
- There are NO CLASSES November 22-26 due to Thanksgiving.
- We fill classes on a first-come/first-serve basis. We will confirm your slot as soon as we receive your registration form AND payment. No phone reservations, please. Classes are limited to 8 spots.
- Dogwood Therapy Services is located at 7818 Pan American Freeway NE, in the North Gate Business Park.
- The Ronald Gardenswartz Jewish Community Center is located at 5520 Wyoming Boulevard NE.
- **Registration forms must be submitted to the Assistance Dogs of the West office (P.O. Box 31027, Santa Fe, NM 87594 or fax to 505-989-9640). Please do not take forms to Dogwood or the Jewish Community Center.**

Please review the costs for the Fall Programming and indicate on the next page which day(s) and month(s) your child will be attending.

Fall 2010 fees:

	September	October	November	December
Mondays	\$96	\$128	\$128	\$64
Tuesdays	\$128	\$128	\$128	\$64
Wednesdays	\$128	\$128	\$96	\$96
Thursdays	\$128	\$128	\$96	\$96

Please indicate which day(s) and month(s) your child will be attending class:

DAY(S):

___ Mondays

___ Tuesdays

___ Wednesdays

___ Thursdays

MONTH(S):

___ September

___ October

___ November

___ December

Please complete payment information. If paying monthly, payment is due by the 1st of each month.

Payment Method:

___ Check Enclosed

___ Credit Card

- Please make all checks payable to: **Assistance Dogs of the West** and mail to:
P.O. Box 31027
Santa Fe, NM 87594
- Circle Credit Card Type: Visa / MasterCard / Amex

Card Number: _____

Expiration date: ___ / ___

Name on card: _____

I authorize **Assistance Dogs of the West** to charge the above credit card for \$_____ for Fall 2010 dog training classes.

Would you like us to automatically charge this card at the beginning of each month? YES NO

Signature: _____

*All payments are final. If a student misses a class, there are no refunds and the student may not attend another day as a make-up session.



EMERGENCY INFORMATION

Student name: _____ Birthdate: _____

Child lives with: _____

Address: _____

Home phone: _____ Other phone: _____

Parent 1 name: _____ wk#: _____ cell: _____

Parent 2 name: _____ wk#: _____ cell: _____

My child has the following health problems/disabilities (for example, allergies, bad knees, diabetes, asthma, seizures, heart problems, etc.) _____

My child has the following allergies: _____

My child requires the following medications/action for allergic reactions: _____

My child may take non-prescription pain medication if the need arises ____ Yes ____ No

EMERGENCY CONTACTS: (Must be 2 individuals other than parents or step-parents)

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

I, _____, authorize Assistance Dogs of the West to seek medical attention for my child, _____, in case of an emergency.

Physician: _____ Phone: _____ Address: _____

Dentist: _____ Phone: _____ Address: _____

Health Insurance Co.: _____ Policy #: _____

In the case of a medical emergency, I authorize the staff of Assistance Dogs of the West to contact 911, and have my child transported to the nearest hospital.

Signature: _____ Date: _____



**Assistance Dogs of the West
Media Authorization and Release**

For (Student Name): _____

Subject to the terms and conditions set forth in this Agreement, I, _____ do hereby authorize Assistance Dogs of the West, its successors and assigns, and those acting under its permission and on its authority to copyright, use, and publish for:

art
sales materials
advertising
promotion, packaging, or trade
any other lawful purpose whatsoever
articles written or comments made by me
photographs, pictures, portraits,
images of me and or my dog(s) or other animal(s)
in conjunction with my/our own fictitious name
reproductions thereof in color or otherwise, made through any medium
Film
Video
Print
Website

Any and all comments made by me are provided to Assistance Dogs of the West without receipt of any promise of consideration.

The undersigned warrants that he/she has full power and authority to grant all of the rights conveyed there under and hereby waives any right that he/she may to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that he/she is of full agreement and has every right to contract in his/her own name in the above regard, and further that he/she has read the above authorization and release, prior to its execution, and that he/she is fully familiar with the contents thereof.

Signature _____ Date _____

If the person signing is a minor, then parent or legal guardian must sign below.

I, undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

Signature _____ Date _____



Release From Liability

I indemnify and hold Assistance Dogs of the West harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines and attorney's fees arising out of the acts or omissions of Client Placement Training, Owner/Self Training Workshops, ADW Student Trainer Classes and meetings, Seminars, Meetings, After School and Summer Dog Training Programs, or any gathering sponsored by or conducted at Assistance Dogs of the West offices, including but not limited to interactions with instructor/trainers, attendees, or animals, demonstrations involving an assistance dog, or transportation of assistance dogs to or from training sites or within the training site.

Signature_____

Date_____



Fall 2010

Dear Students and Parents:

**Assistance Dogs of the West Fall 2010 After School Dog Training Classes
begin again in Albuquerque on Tuesday, September 7th.**

For 15 years, students from Santa Fe's middle and high schools have had the opportunity to combine fun and education by helping ADW train service dogs for people with disabilities. Through our classes, students learn not only dog handling and training skills, but also very important lessons in leadership, compassion, and self-confidence through working with ADW dogs.

Here's a short list of what student trainers can look forward to:

- **Dog/Human Relationships:** Consistency Builds Trust
- **Basic Obedience Training:** Use of the Positive
- **Dog Behavior in Public:** Dog Socialization
- **Basic Commands for Assistance Dogs:** What Assistance Dogs do for People with Disabilities
- **Differing Ability Awareness Training:** Learn About Our Clients
- **Building Loving Relationships and Letting Go:** Emotional Growth
- **Community Service:** How We Help Others
- **Communication Skills:** Clarity, Self Advocacy, Assertiveness

Fall 2010 After School Assistance Dog Training classes begin on Tuesday, September 7th. Please see the attached registration forms for specific class times and costs.

- There will be no class the week of November 22nd due to Thanksgiving.

If your child is between the ages of 8 and 18, and has an interest in doing something fun and rewarding with after school time, please fill out the enclosed ADW After School Program registration forms. Class sizes are small limited to only eight slots per class. Payment is required to reserve space. Please call the ADW office at 505-986-9748 or email info@assistancedogsofthewest.org if you have any questions.

We hope to see you in an ADW After School Class soon!

Sincerely yours,

Carolyn Clark Beedle
Executive Director

