

December 2008

Dear Students and Parents:

**ADW Winter/Spring 2009 After School Dog Training will begin again in Albuquerque the second week in January.**

Many of you know that elementary, middle and high school students have been learning and helping us train ADW dogs since 1995. In our classes, students learn some very important and useful leadership skills through working with dogs. Here's a short list of what students get from this course:

- 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

Winter/Spring 2009 After School Assistance Dog Training classes will begin the week of January 12<sup>th</sup>. Please see the attached registration forms for specific class times and costs. Spring Break from ADW class will be March 23 – March 27, 2009. Graduation ceremony will take place May 12, 2009 in Santa Fe.

If you have an interest in doing something fun, rewarding and different (or if you want to continue training with us), please look over, fill out and return the enclosed ADW After School Program registration forms along with your payment.

Class sizes are small and space is limited to only eight slots. Please call the ADW office at 505-986-9748 or email [info@assistancedogsofthewest.org](mailto:info@assistancedogsofthewest.org) if you have any questions.

We hope to see you in an ADW After School program soon.

Sincerely yours,



Carolyn Clark Beedle  
Executive Director



**ALBUQUERQUE AFTER SCHOOL PROGRAM REGISTRATION FORM**  
**Winter/Spring Semester 2009**

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. All student trainers must be at least 8 years old.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Student Birthday: \_\_\_\_\_

Contact Phone Numbers – PLEASE Mark Primary Contact

Home	Father's Cell	Father's Work	Mother's Cell	Mother's Work	Other

**Winter/Spring 2009 Class Schedule: January 12 – May 14, 2009**

<b><u>Mondays 4:00 – 5:30</u></b> Dogwood Community Program 2705 Pan American Freeway, Suite A	<b><u>Wednesdays: 4:00 – 5:30</u></b> Jewish Community Center 5530 Wyoming NE, ABQ	<b><u>Thursdays 4:00 – 5:30</u></b> Dogwood Community Program 2705 Pan American Freeway, Suite A
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- Sign up to attend class one day a week (Monday, Wednesday or Thursday) for minimum of one month.
- Winter/Spring 2009 After School Assistance Dog Training classes will begin the week of January 12<sup>th</sup>. 2009 Spring Break from ADW class will be March 23 – March 27, 2009. ADW 2009 Graduation ceremony will take place May 12, 2009.
- There is a limit of 8 students per class. We fill classes on a first-come/first-serve basis. We will confirm your slot as soon as we receive your registration.

Please circle the appropriate day(s) and month(s) your child will be attending classes, and total the tuition fee due.

	January	February	March	April	May	
Mondays		\$ 90	\$ 120	\$ 120	\$ 120	\$ 60
Wednesdays		\$ 90	\$ 120	\$ 90	\$ 150	\$ 60
Thursdays		\$ 90	\$ 120	\$ 90	\$ 150	\$ 60
<b>TOTAL FOR MONTH</b>		\$	\$	\$	\$	\$
	<b>TOTAL FOR SEMESTER</b>			\$		

Please complete payment information contained on the back side of form.

**Payment Method (Please circle): Check Enclosed or Credit Card**

- Please make all checks payable to: ASSISTANCE DOGS OF THE WEST
- Credit Card Information:

Circle CC Type      Visa / MasterCard / Amex are accepted:

C.C.# \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_  
Name on card: \_\_\_\_\_

**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.**

**If Albuquerque schools are delayed or closed due to snow, there will be no class, and one make up class will be held.**



## EMERGENCY INFORMATION

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ wk#: \_\_\_\_\_ cell: \_\_\_\_\_

Mother's 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 (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, Self Training Dog Training Workshops, Working Dog program 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 instructors, attendees, or animals, demonstrations involving my pet, or transportation of my pet to or from the training site or within the training site.

Signature \_\_\_\_\_ Date \_\_\_\_\_