

December 2008

Dear Students and Parents:

Assistance Dogs of the West Winter/Spring 2009 After School Dog Training will begin again in Santa Fe the second week in January.

Amazing elementary, middle and high school students have been learning skills and helping train service dogs since 1995. In ADW classes, students learn some important and useful leadership skills through working with dogs. Here's a short list of what students can expect to get from this class:

- 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 12th. Please see the attached registration forms for specific program times and costs. 2009 Spring Break from ADW class will be March 23 – March 27, 2009. ADW 2009 Graduation ceremony will be May 12, 2009.

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

Class sizes are limited to only ten slots, and are filled on a first come first served basis. 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 program soon.

Sincerely yours,



Carolyn Clark Beedle
Executive Director



**SANTA FE 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 out 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	Parent 1 Cell	Parent 1 Work	Parent 2 Cell	Parent 2 Work	Other

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

<u>Mondays 3:30 – 5:15</u>	<u>Wednesdays: 3:30 – 5:15</u>	<u>Thursdays 3:30 – 5:15</u>
Rio Grande School 715 Camino Cabra, Santa Fe	La Mariposa Montessori 18 Puesta del Sol, Santa Fe	La Mariposa Montessori 18 Puesta del Sol, Santa Fe

- Sign up to attend class one day a week (Monday, Wednesday or Thursday) for minimum of one month.
- There is a limit of 10 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. 2009 Spring Break from ADW class will be March 23 – March 27, 2009. ADW 2009 Graduation ceremony will be May 12, 2009.

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

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 Santa Fe 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 _____