

# Rand Park Dog Training Club, Inc.

## Training Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  cell

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

Dog breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered:  yes  no

### Please answer the following questions:

- First time enrolling a dog in an obedience class?  yes  no  
If no, have you trained this dog before?  yes  no What class level? \_\_\_\_\_  
Have you trained a different dog before?  yes  no What class level? \_\_\_\_\_  
Are you a member of Rand Park Dog Training Club?  yes  no  
Are you a member of any other dog training club?  yes  no What club(s)? \_\_\_\_\_  
How did you hear about Rand Park Dog Training Club? \_\_\_\_\_

### I. OBJECTIVES OF THE CLUB

The objectives of the Club are: to promote training of dogs by their owners under the supervision of qualified trainers, to hold sanctioned matches and obedience trials under the Regulations of the American Kennel Club, and to educate the public in the value and joys of a well-trained dog.

### II. CONDITIONS

- Applications for training must be made via this form. Applications must include the required Registration Fee and a Training Fee
- Application for training may be submitted by any person 16 years of age or older.
- Applicant must attend an Orientation Class.
- Application must have the **Health Certification** section completed and signed by a Veterinarian stating, as applicable:
  - Evidence of current of vaccination against rabies, distemper, and parvo virus.
  - Evidence of a negative test result for intestinal parasites
  - A TITER test result showing "satisfactory TITER levels for DHCP-P is acceptable.A new/current Health Certificate must be presented at the start of each training year (in September).
- No dogs shall be exercised on Park District property. Owners found breaking this rule shall be subject to dismissal from all further training sessions and may be subject to fines from Police Department. Owners are required to provide clean-up materials for their dogs.
- Bitches in season shall be excluded from all classes. However, owners must attend class without their dog for the training program.
- The Director of Training (DOT) shall have complete charge of all and trainers and training classes, and shall act to assure the safety of all participants and their dogs during class hours. The DOT shall have the right to cause any person to remove their dog from class if, in the DOT's sole judgment, such action is in the best interest and/or safety of other participants.

### III. MEMBERSHIP

- Completion of this form does not constitute application for membership.
- Only persons, 16 years of age or older, may be elected to membership in the Club.
- Election to Club membership can only occur after the applicant has completed 2 training sessions and has attended Orientation Class
- Election to membership shall be effected by Executive Board in accordance with the By-laws of the Club.
- Upon election to membership, new members must pay current membership dues in accordance the By-Laws of the Club.

I hereby apply for training with the Rand Park Dog Training Club, Inc and agree to conduct myself in accordance with the rules of the Club. I agree that this application is subject to, and incorporates by reference, the By-Laws of the Club as fully as if set forth at length herein. I further agree to assume full responsibility for the conduct of my dog, or dogs, while engaged in training classes, or while on the training property, and I hereby release the Des Plaines Park District and Rand Park Dog Training Club, Inc. from any and all claims, actions or causes of action, arising out of, or in connection with said training classes while on the training premises.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### HEALTH CERTIFICATION

This application is no valid unless this section is completed in full and signed by the a Veterinarian

Owner Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Rabies vaccination date: \_\_\_\_\_  1-year  3-year

DHLP\_P vaccination date: \_\_\_\_\_  1-year  3-year Or Date of satisfactory TITER results: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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