# January-July 2024

2 volunteer credits (\$140):

1 volunteer credit (\$175):

0 volunteer credits (\$210)

## **Training Registration Form**



(Please check	•	Junior Men	Membership (\$30) mbership (\$30) Membership (\$45) embership (\$50)	
Application Ty (Please check	•	☐ TRAINING ☐ NON-TRA	G (see below for fees)	)
<ul><li>training spots (\$2</li><li>There is a continuous account of the continuous account of th</li></ul>	265 for the first spot agency fee of <b>\$0-</b>	+ \$235 an additional	e who trained July-l	
Name:				
Address:				
City:		State:		Zip:
Home phone:		Work ph	none:	
Cell phone:		Email:		
Dogs cannot train unless				
Dog № 1 Name:	-	-	-	in dogs you are training.
_				
	nation (mm/dd/yy)		Next due (mm/dd/yy):	
<b>Dog № 2</b> Name:			_ Breed:	
Rabies vaccination	on (mm/dd/yy)		Next due (mm/dd/yy):	
☐ <b>Yes, I plan to co</b> Amount due = Base ☐ <b>No, I do not pla</b> r	ntinue training and training + Continge n to continue traini	I will pay my trainin ncy fees for July 202	:3-December (see belownd session. I will pay it	es by January 8, 2024 <sub>N</sub> )
№ of earned volunt for July-Decemb		Fotal due for e training spot	Total due for two training spots	Total due for no training spots (for those who trained July-December)
6 or more* (\$0 conting		]\$265	□\$500 □\$525	□ \$0 □ \$25
5 volunteer credits (\$3 4 volunteer credits (\$7		]\$300 ]\$335	□\$535 □\$570	□\$35 □\$70
3 volunteer credits (\$1		_აააა ]\$370	□\$570 □\$605	□\$105

□\$405

□\$440

□\$475

□\$640

□\$675

□\$710

□\$140

□\$175

□\$210

<sup>\*\*</sup>YOUR CONTINGENCY FEE OWED CAN BE FOUND ON www.tbacagility.org\_under MEMBERS.

## **Training policies**

TBAC is a positive reinforcement training club and will not tolerate any physical correction of dogs.

Training fees will not be refunded once classes have begun.

Alternating dogs pay one training fee to rotate weekly in one training spot. Both dogs must be registered with TBAC ahead of time and be from one household only. Training levels, as determined by the Training Director, must be comparable for the alternating dogs. Members cannot switch classes unless confirmed by the Training Director.

All drop-ins *must* email the Training Director beforehand. Currently Linda Morgan – <a href="mailto:fast1530@gmail.com">fast1530@gmail.com</a>

Please read and sign the CODE OF CONDUCT and COVID WAIVER below. Complete your registration by following the payment directions at the bottom.

### **Membership Code of Conduct**

I will demonstrate standards of good conduct and principals of good sportsmanship. I understand that my personal conduct as an exhibitor or spectator, and my care and treatment of my dogs is a reflection on the club.

I will be a responsible dog owner and provide a safe, healthy environment for all of my animals, ensuring they are not a public nuisance. Only humane methods will be used when training, exhibiting, or working my dogs. I understand that Tail Blazers Agility Club of the Brandywine Valley, Pa., Inc. (TBAC) does not allow the use of electronic collars on club property or at club events.

I have read and understand the TBAC Code of Conduct and agree to abide by same as indicated by my signature below. In signing this application, I hold harmless TBAC and its Board of Directors, members, and the owners of the premises on which activities are held, from any claim for loss or injury which may be alleged to have been caused directly or indirectly to me or to my dog(s) while involved in any club activities. I personally assume all responsibility and liability, as I enter the several said premises, for whatever purpose, at my own risk. I certify that the information supplied in this application is complete and correct. I understand that any omission or misstatement herein can be grounds for rejection of this application or immediate termination of membership. I agree to abide by the Constitution and Bylaws, the rules and regulation, and requirements of the AKC and TBAC.

I give TBAC permission to use my name and any photograph of me and/or my dog(s) in any way it deems appropriate for informational and training purposes related to TBAC activities. Such use includes, but is not limited to, use in newspaper or magazine articles about TBAC, use in videos or web pages or Internet site for training or informational purposes concerning TBAC, or use in any other written or nonwritten informational materials concerning TBAC and its activities.

### **Training Member Certification of Rabies Vaccination**

My signature below is affirmation that I have provided true and accurate information regarding the rabies vaccination status of the dog(s) that I will be training. Upon request, I agree to provide a copy of the vaccination certificate(s) to the Training Director.

#### **Training Member Waiver**

In consideration of and as inducement to the acceptance of my application for training with TBAC, I hereby waive and release the Tail Blazers Agility Club of the Brandywine Valley Pa. Inc., its employees, officers, members, agents, and the owners of the property from any and all liability of any nature for injury or damage which I or my dog may suffer while attending any training sessions or while on the training grounds or surrounding area. I further agree that the TBAC is not responsible for any losses that may occur while attending any function of the Club. The instructor reserves the right to dismiss from class any handler who in the instructor's opinion exhibits inappropriate behavior or any dog that shows aggressive tendencies towards other dogs or people.

By signing this document	i, you acknowledge	and affirm you	are and will	remain comp	oliant with the
parameters outlined abov	e during the cours	e of the classes	in which yo	ou are enrolled	d.

Signature:	Date:

#### **COVID-19 Waiver of Liability and Informed Consent**

- I attest that to the best of my knowledge, I do not have COVID-19 at the time of attending the Tail Blazers Agility Club (hereafter referred to as "TBAC") agility classes in which I am enrolled (hereafter referred to as the "classes"), and understand the risks of unknowing exposure to this and other illnesses by or to myself, my family, other participants, and third parties. I have not been tested and found positive, am not waiting for test results, and do not have symptoms of COVID-19.
- I acknowledge that I have received and read the TBAC COVID-19 Mitigation and Safety Policy and agree that I will not knowingly expose others to any illness I may have or be at risk to have. I will follow all TBAC rules and requirements to reduce any exposure and possibility of contracting or spreading the virus. I will also fully cooperate with and follow any city, county or state guidelines that have jurisdiction in the area in which classes are taking place. If any of the above should change prior to my arrival at the site or during the classes that are the subject of this consent, I will inform my instructor and proceed accordingly in light of the new information.
- I agree that I am attending these classes entirely at my own risk and assume all risk and full responsibility for my own health, wellbeing, and safety during the classes. I fully agree that TBAC, its leadership, volunteers, instructors and the owners of the property where the classes take place are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after the classes. I hereby waive and release TBAC, its leadership, volunteers, instructors and the owners of the property where the classes take place from any and all liability for damages or personal injury to me, my dogs or my property.
- Further, I hereby indemnify and hold harmless TBAC, its leadership, volunteers, instructors, and
  the owners of the property where the classes take place from any and all claims by or liability to
  any third party arising out of my participation in the classes. Any liability to anyone for any
  incident involving myself, the location, or those pets or actions of other participants and
  spectators will be my sole responsibility and I assume all financial liability and will also assume all
  and any financial costs associated with my actions.

Please do not come to your lesson if you have COVID or are experiencing any symptoms of illness, such as fevers, chills, shortness of breath.

By signing this document, you acknowledge and affirm you are and v	vill remain compliant with the
parameters outlined above during the course of the classes in which	you are enrolled.

Signature:	Date:
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Please fill out page 1, sign pages 3 and 4, and return these pages with your check for your training fees and membership fees. Payment is due by January 8. You will be assigned a class once 2024 fees are paid in full. Checks should be made out to "TBAC"

Mail to: TBAC, P.O. Box 560, Newtown Square, PA 19073 or email completed form to <a href="mailto:tbacagility@gmail.com">tbacagility@gmail.com</a>

You may complete registration and pay online at <a href="https://www.tbacagility.org">www.tbacagility.org</a> under "Members."