

Training Class fees and requirements, notices – Page 2

>Family training fee includes: husband and wife, partners and all children under 18, excluding married children. A child's acceptable age to handle a dog in a PKC, Inc. class is 12 years of age and older. Parents and/or guardians will be held responsible for their children under 18 years of age and must be present if any child under the age of 18 is training a dog in a class.

However, with PKC, Inc. guidelines in place as a result of the pandemic, only one family member may be with the dog in class; so the handler in the regular classes must be an adult until further notice. (Exceptions are allowed for the PKC Youth Group classes).

- >Training fees (Per Calendar Year):
 - >\$75.00 per class per dog for new trainees.
 - >Additional sessions for the same dog: \$65.00 (trainees who are returning in 2020)
 - >A \$25.00 fee will be assessed for checks returned as NSF.
 - >PKC, Inc. is not able to accept credit cards.
 - >DO NOT mail cash!

>**REQUIRED BEFORE ADDED TO A ROSTER:** A certificate from your veterinarian verifying your dog has been vaccinated for Distemper, Hepatitis, Parvovirus, and Rabies (for dogs over 24 weeks of age), **AND** has had a negative stool sample test, should be presented with your Training Application form.

- ✓ FOR THIS 1st SESSION OF 2021: CLASSES ARE LIMITED TO 12 HANDLER/DOG TEAMS; TO INCLUDE ANY PKC MEMBERS WHO WISH TO TRAIN IN ANY CLASS, INCLUDING CONFORMATION CLASS/RUN THRU.
- ✓ THE FOLLOWING forms/certificates/reports **MUST BE** MAILED TO: TREASURER, PKC. PO Box 10244; Green Bay WI 54303 BY January 6th **NO EXCEPTIONS** (A drawing may have to be held if more than 12 applications are received for a specific class):
 1. THREE pages of the Training Application, which **MUST** be signed in ALL areas and dated and showing the one class in which you want to attend.
 2. ALL required vaccinations and rabies certificates from your veterinarian and a negative fecal report from your veterinarian.
 3. A check in the correct amount, which is signed. If *any* of the numbered items 1.-3. is missing, your name cannot be put on the class roster until missing information is received and acknowledged by the Treasurer and *must* be done before an January 6th deadline. If you do not receive an acknowledgement, please call PKC's phone number: (920) 468-5580, and a message will be forwarded to the Treasurer.

>**We do not allow dogs that are aggressive toward people and/or other dogs in our classes.** If your dog shows aggression toward people or other dogs, or otherwise causes a disturbance in class which puts people and/or other dogs in peril, you and your dog will be directed to leave the class and no paid fees will be refunded.

>**Packerland Kennel Club, Inc. will not be held liable for any accidents.**

>**No paid fees will be refunded to you, after attending the first night of training class.**

>Trainees are not eligible to vote on Club matters, do not receive a mailed copy of the Club's monthly newsletter, and are allowed **by invitation only** to use the outside exercise area.

>Any trainee may apply for membership after attending two business meetings during the calendar year. (During COVID, no in-person meetings are being held, so memberships are being voted on by the PKC's Board). Additional requirements are necessary, however, before becoming a member. See PKC info wall (under clock) for requirements to join. ☺

PLEASE BE AWARE THAT BY ENTERING THIS AREA OR BY PARTICIPATING IN OUR EVENTS AND CLASSES, YOU CONSENT TO YOUR VOICE, NAME, AND/OR LIKENESS BEING USED, WITHOUT COMPENSATION, IN FILMS AND TAPES FOR EXPLOITATION IN ANY AND ALL MEDIA. WHETHER NOW KNOWN OR HEREAFTER DEvised FOR ETERNITY; AND YOU RELEASE PACKERLAND KENNEL CLUB, ITS SUCCESSORS, ASSIGNS, AND LICENSEES FROM ANY LIABILITY WHATSOEVER OF ANY NATURE.

DO NOT ENTER THIS AREA IF YOU DO NOT WISH TO BE SUBJECT TO THE FOREGOING.

SIGNATURE: _____ DATE: _____

To be completed by Packerland Kennel Club Official ONLY (do not complete yourself!)

Fee: _____ Cash Check Check Number _____

DAH/Parvo _____ Rabies _____ Fecal _____ Negative Treatment
(Enter due date of next vaccination)

Veterinarian _____