



**SANDIA DOG OBEDIENCE  
JUNIOR HANDLER  
PERMISSION TO  
PARTICIPATE  
AUTHORIZATION FOR  
MEDICAL SERVICES**

**If the junior handler is under 18, this form must be filled out completely and returned to the Sandia Dog Obedience Club (SDOC) registrar before the junior handler is allowed to participate in SDOC training activities.**

The parent/guardian of \_\_\_\_\_ gives permission, indicated by signature below, for this junior handler to participate as a dog handler in SDOC Agility Classes.

**EMERGENCY CONTACT INFORMATION**

HOME ADDRESS \_\_\_\_\_

PARENT / GUARDIAN HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT / GUARDIAN OTHER PHONE (CELL, ETC.) \_\_\_\_\_

NAME OF OTHER EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

We agree to the statements above:

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JUNIOR HANDLER DATE OF BIRTH \_\_\_\_\_

JUNIOR HANDLER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL SERVICES**

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment, hospitalization, and/or surgery deemed necessary by emergency response or medical personnel and assumes financial responsibility for treatment provided.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**LIMITED OR NO MEDICAL SERVICES AUTHORIZED**

If participation in SDOC Agility Classes is permitted but medical services are not authorized, please attach a written statement of procedures to be followed if your child is injured or ill during an SDOC Agility Class.