



**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 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 Class.