

A One Day Workshop Hosted By The Basenji Club of America

Introduction to Canine Fitness

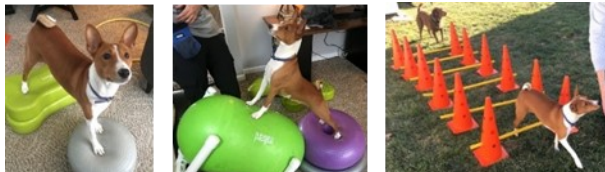
Presented By Carol Creamer CPDT-KA, CTDI, CCC, CCFT, FPMT

Saturday, July 14, 2018 – 9 am to 4pm

Frenchtown, New Jersey

The BCOA welcomes ALL BREEDS, dog owners, and breeders for this one day workshop.

Location - GPS address for the park: Morton Building, 178 Horseshoe Bend Rd., Frenchtown NJ 08825



This one-day Canine Fitness Workshop is for those interested in understanding proper canine exercise form, technique, behavior, and program design for optimum performance and injury prevention using science based, force-free training methods and canine-specific conditioning equipment.

Topics include but not limited to:

- The importance of canine fitness for dogs
- Introducing dogs to canine fitness equipment
- SAFETY
- Reward-Marker Training (clicker or verbal reward marker)
- 4 Training Types (Luring, Shaping, Capturing, Molding)
- Introduce Participants to the difficulties of balancing
- WARM-Ups
- COOL-Downs
- Stretching (Active)
- Proper Form and technique for equipment and exercises and progressions
- Signs of Fatigue. Signs of Stress. Signs of Discomfort.
- Use of canine fitness equipment



Carol is the owner of C 2 Dog Training and has been working with animals for almost 20 years. Her experience includes working as an animal shelter volunteer, foster parent of many dogs and cats from various animal shelters and rescue groups, zookeeper, veterinary assistant, veterinary technician, animal cruelty investigator, and dog trainer.

Carol has also attended many continued education events on various topics related to veterinary medicine, dog training, dog behavior, and pet nutrition. For more information: <http://c2dogtraining.com/index.php>

Questions? Please contact Natalie Mortelmans - 215-823-9214 (after business hours) or natalie.mortelmans@hotmail.com

Introduction to Canine Fitness

REGISTRATION FORM

REGISTRATION DEADLINE IS JULY 10, 2018

When: Saturday, July 14, 2018 – doors open at 8:00 am (please arrive by 8:45 am at the latest)

Where: Morton Building, 178 Horseshoe Bend Rd., Frenchtown, NJ 08825

Fee: \$85 per participant (price per person—bring your own lunch!)

Requirements/Guidelines:

- Dogs must be over 18 months old
- Dogs must be healthy and in good condition (lame or limping dogs can not participate)
- Please bring a harness if you have one available ; NO prong, slip, shock, or e-collar
- Please sign the liability waiver and return together with the registration form

Please Note:

- Lunch break from 12 until 1 PM—Bring your own lunch and refreshments
- All dogs must be crated during the presentations unless otherwise directed by Carol
- Please bring a crate and water & lots of very small treats for your dog
- We kindly ask you to keep the grounds clean and pick up after your dog

YES! I (we) will attend the BCOA Intro to Canine Fitness program on July 14 (price per person)

Participant Name(s):

Street Address:

City, State, and Zip:

Phone:

Email:

Please mail the completed registration form and waiver, with your check made out to BCOA to Natalie Mortelmans – 108 Windward Drive – Mount Royal, NJ 08061

You may also pay via PayPal: send money to treasurer@basenji.org ; please note “Canine Fitness Workshop” in the remarks.

We regret, there are NO REFUNDS, whatsoever.

Driving directions: GPS address for the park: 178 Horseshoe Bend Rd., Frenchtown NJ 08825
HOWEVER!! This is NOT the entrance we use. There is a North and South entrance. This is the address for the South entrance directly across from Spring Hill Road. You want the **North** entrance. If you are coming from Frenchtown, you will turn onto Horseshoe Bend Rd., eventually go over a stone bridge, and come up a hill. On the Right will be the entrance. There are no signs, but there are big open fields on either side and a building just ahead. There will likely be dogs in the dog park to your right.

By participation you give the BCOA permission to use any photographs of the event in any of their electronic or printed publications.

Questions? Please contact Natalie Mortelmans - 215-823-9214 (after business hours) or natalie.mortelmans@hotmail.com

Introduction to Canine Fitness

LIABILITY RELEASE FORM

THE BASENJI CLUB OF AMERICA, INC.

Activity or Event: Introduction to Canine Fitness Workshop, July 14, 2018, Frenchtown, NJ

Participant's Name (please print): _____

I understand that my attendance in this workshop is not without risk to myself, my dog, other family members or guests, and other event participants (human or canine). These include, without limitation, risks of physical injury, mental injury, emotional distress, trauma, death, contact with other participants and their dogs, and property damage. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks. I shall assume responsibility for and pay my and my dog's medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses. I agree that I, as owner, am solely responsible for the dog(s) behavior and physical control and agree to carefully monitor and control it at all times.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-mentioned event. I hereby release THE BASENJI CLUB OF AMERICA, INC.(BCOA) and/or their directors, officers, employees, volunteers, representatives, agents and activity holders from any liability, costs and damages resulting in this individual's participation. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

IF THE PARTICIPANT IS A MINOR:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

_____/_____
Participant's Signature / Date

Name of Parent or Guardian

_____/_____
Signature of Parent/Guardian / Date

