

CDC X-Factor Flyball – Expression of interest form

Are you a current member of the ACT Companion Dog Club? Yes No

Do you have an AFA CRN..... A B C D (ie a number issued to members of the Australia Flyball Assoc.)

Handlers Details:

Surname:				Ph:			Mob:		
First name/s:	1.	2.	3.	4.	5.				
Surname of each person if different from principal handler:									
Age and name if under 16									
Address:									
Email(s):									

Dog Details:

	Dog's Name	Breed	Date of Birth	Sex (M/F)	Vaccination Date
1					
2					
3					

Fees:

If you are a current member of CDC and are participating in other activities at the Club with the dog you wish to do Flyball with you will need to complete an 'Additional Activity or Dog' form for your dog (at no additional cost to you). If you wish to do Flyball with another dog who is NOT participating in other activities at the Club you will need to complete an 'Additional Activity or Dog' form for this dog and pay an extra fee of \$50.00 (inc GST). You will need to complete the 'Additional Activity or Dog' form *once you are accepted into Flyball classes and before you commence training.*

If you are NOT a current member of CDC *and are accepted into Flyball classes* you will need to join the Club *before you commence training.* The Club's joining fee is \$95.00 and the annual membership fee is \$300.00 (total \$395.00 inc GST) for the first dog and \$50.00 for each additional dog (inc GST).

The Flyball Training Manager will advise you how to access the relevant forms and make payment *if you are accepted into Flyball classes.*

Prior Activities:

Please tick any activities that you have undertaken with your nominated dog/s:

Dog 1: Behaviour Training Agility Dances with Dogs Obedience/Rally Tracking Trick Dog
 Dog 2: Behaviour Training Agility Dances with Dogs Obedience/Rally Tracking Trick Dog
 Dog 3: Behaviour Training Agility Dances with Dogs Obedience/Rally Tracking Trick Dog

If you have participated in Behaviour Training what level of training have you completed with your nominated dog/s:

Dog 1: Foundation Consolidation Graduation Companion
 Dog 2: Foundation Consolidation Graduation Companion
 Dog 3: Foundation Consolidation Graduation Companion

Questionnaire: Please answer the questions below. This information will provide your trainers with insight into your handler capabilities and background information to ensure a safe and enjoyable transition into Flyball.

Do you have reasonable control of your dog under distractions?

Does your dog have reactivity/aggression issues towards dogs and/or people?

Does your dog have any physical limitations (eg past injuries)?

What motivates your dog?

Please provide any additional information that may be pertinent to training your dog in a group situation.

Please tell us how you heard about Flyball at CDC? (tick all that apply):

- Internet search /website Transfer from another club Word of mouth (family, friends, work colleagues)
 Have been a member in the past Current member/instructor (please provide name)
 Other (please specify):

Flyball Training Manager Information

Accepted into training classes YES/NO DATE: / /

Intake lecture attended YES/NO DATE: / /

Membership status and fee payment confirmed with Club Office YES/NO DATE: / /

Training commencement DATE: / /

Progression Notes