

**THERAPY TEAM TRAINING
REGISTRATION FORM
WORKSHOP 2 & 3 & 4**

"Our therapy animals deserve a trained, skilled and devoted handler."

The Team Training Workshops are designed for those teams that have been approved to move to the advance training which combines lecture, discussion and role playing. It covers the fundamental information needed to succeed as a Therapy Team. Through this lecture, group discussion and role playing, you will discover how to interact effectively with clients and keep your animal safe in various environments.

TEAM TRAINING WORKSHOP 2 & 3 – \$125 Animals attend (2 and 3)

Date: September 21 and October 19 **Time:** 1:30 pm

Workshop Location: First South Financial 6471 Stage Road Bartlett, TN 38134

These two workshops will cover: parking lot , signing in, elevator etiquette, lobby visiting, random dog encounters, hallways, and client room visits. We will be looking for those behaviors that demonstrate teamwork and inspire confidence in both the handler and the animal. Handler and their animal partner will demonstrate the teamwork and strengths necessary for conducting safe visits with Mid South Therapy Dogs & Friends. ITA Training manuals will be handed out.

TEAM TRAINING WORKSHOP 4

Date: November 2, 2019 **Time:** 1:00 pm

Workshop Location: Baptist Memorial Hospital Collierville 1500 Poplar Avenue Collierville, TN 38017

Session 4 is a complete paperwork review – no animal attends. Administrators will review your ITA/MSTD registration packet (written test, animal health screening from your vet section and other critical sections). This assures that when you are successful at passing the CBTE all your paperwork is complete and correct. MSTD sends your final packet and fees to ITA for the final registration process.

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Name: _____

Address, City, State, Zip:

Phone: _____ Email: _____

Animal's Name/Breed/Sex/Age: _____

I wish to register for the TEAM TRAINING WORKSHOP 2 & 3 & 4. I understand that payment of \$125 is due in advance. I indemnify and hold Mid South Therapy Dogs & Friends, Intermountain Therapy Animals, First South Financial, evaluators, assistants, sponsoring organization (s), and facility owner (s) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of evaluations including, but not limited to interactions with evaluators, assistants, handlers, or animals, screening or demonstrations involving my or others' animals ; or transportation of my animal to or from the training/evaluation site or within the training/evaluation site.

Signature: _____ Date: _____

Mailing Address: Mid South Therapy Dogs 2095 Exeter Road Suite 80-105 Germantown, TN 38138-3919 Mail this registration form and fee (checks payable to Mid South Therapy Dogs)

Office use only: Check # _____ Amount: _____ Date: _____