

DAYTON DOG TRAINING CLUB, INC. AGILITY CLASSES
REGISTRATION AND RELEASE

EACH SESSION COSTS \$75.00. A SESSION IS MADE UP ONE CLASS PER WEEK FOR 7 WEEKS WITH EACH CLASS LASTING APPROXIMATELY 1 HOUR (EXCEPT THE MASTER COMPETITION CLASS WHICH LASTS APPROXIMATELY 1 ½ HOURS EACH WEEK.)

In joining the Dayton Dog Training Club (DDTC) agility classes as a student, I hereby assume all risks and responsibilities for the accidents and damage to my property, others, or myself that result from the actions of my dog. No member or instructor of the Dayton Dog Training Club Inc. shall be held liable for injury and/or damage to my person or property, whether due to uncontrolled dogs or negligence of any member or instructor of the Dayton Dog Training Club.

If in any way I am dissatisfied with the agility instructions, as set forth on the first night of training, I have the option to request reimbursement of the fees paid. However, thereafter the DDTC, having reserved space for both the trainee and dog, is not liable for returning any fee.

I understand that all dogs registered in DDTC classes must have current distemper, hepatitis, and parvo vaccinations and that all dogs over 6 months of age or older must have current rabies vaccination. DDTC also recommends, but does not require, current vaccinations against kennel cough (Bordetella).

My dogs shot records have been turned in for a previous class taken in the past 12 months.

Yes _____ You do NOT need to include a copy of your dog's vaccination record.

No _____ You need to include a copy of your dog's shot record with this application.

I attest that I have read the information above and agree to all terms of this application. I attest that my dog's vaccination information is correct.

DATE: _____ SIGNED: _____

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION. THE INFORMATION SHOULD BE FOR THE PERSON HANDLING THE DOG.

Name: _____ Member(circle:) Yes No

Address: _____ City: _____ Zip: _____

Phone Number: _____ email: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Dog's Sex (Circle) Male Female Is the dog spayed or neutered Yes ___ No ___

I am registering this dog for the following class(es):

Class: _____ Day _____ Time _____

Class: _____ Day: _____ Time: _____

Method of Payment (circle): Cash Teaching certificate Check(number) _____ Amount _____

If registering by mail, payment should be by check or money order made out to Dayton Dog Training Club, Inc. We do not accept credit cards. Do not send cash by mail.

**Mail with payment to: Terry McCarty
3658 Green Cove Ct
Beavercreek, Ohio 45430**