



DDTC OBEDIENCE CLASS REGISTRATION FORM

A completed form is required for EACH dog and EACH class entered.

Payment must accompany registration form.

Email must be provided for confirmation of class.

Please note that all first time students or students entering first class with a new dog must be evaluated



Member: Yes ___ No ___

Handler Name: _____

No handlers under age 10. For handlers ages 10-15, a parent/guardian must be ringside during class.

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Number reachable in case of class cancellation

Email must be provided for confirmation of classes

Dog's Call Name: _____

Age: ___ Yr ___ Mo

Breed of Dog: _____

Gender: M F

Last Class Completed/When/Where: _____

Has this dog, at any time, shown signs of viciousness? No Yes - If yes, please explain (use reverse side of paper if necessary)

Class Session: Winter (January)

Spring (April)

Summer (July)

Fall (October)

Class Level: KPT

Beginning Basic

Advanced Basic

Tricks Class

Comp. Attention

Advanced Novice

Comp Advanced Basic

Novice Scent work

Competition Open

Competition Utility

Rally Course

Advanced Scent work

Rally Novice

Rally Advanced

Rally ADV/EXC

FUNdamentals

Class Day: Monday

Tuesday

Saturday

Start Time: 9:00 am

9:30am

10:15 am

10:30 am

10:45 am

11:30 am

12:00 pm

3:00 pm

4:00 pm

6:00 pm

7:10pm

All First Time Students and/or First Time Dog(s) Must Be Evaluated: Upon acceptance into class(es) evaluation dates, times and contact information will be provided in your confirmation email. **It is your responsibility to sign up for an evaluation.** Evaluation is **not** required for puppies 2-6 months of age registering for AKC STAR Puppy Kindergarten (KPT) classes. **Veterinarian Shot Certificate: Copy must be sent with registration or bring to first night of class.**

AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION, THE FOLLOWING AGREEMENT MUST BE SIGNED

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK: I understand that attendance of a dog training class is NOT without risk to myself, members of my family or guests who may attend, or my dog; because the dogs to which I will be exposed may be difficult to control and may be the cause of damage or injury, even when handled with the greatest amount of care. I hereby waive and release DAUPHIN DOG TRAINING CLUB, INC., hereinafter DDTC, and its officers, from any damage or injury resulting from the action of any dog. I expressly assume the risk of such damage or injury that I or my dog may suffer while attending any training session or any other function of DDTC, or while on the training grounds or the surrounding area. I understand that by signing or executing this form, I am releasing DDTC, its officers, members, and agents from any liability for damages or injury even if DDTC, its officers, members, and/or agents are negligent.

In consideration of and as inducement to the acceptance of my application for training by DDTC, I hereby agree to indemnify and hold harmless DDTC, its officers, members, and agents from any and all claims by members of my family or any other person accompanying me to any training session or function of DDTC, or while on the premises or the surrounding area as a result of any action by any dog, including my own.

I hereby certify that I am over 18 years of age and of sound mind.

Signature: _____

Date: _____

Emergency Contact _____

Phone Number _____

Current Fees Per Dog, Per Session: Please make checks payable to DDTC. There is a \$25 returned check fee.

DDTC Member	\$60.00 or 20 Volunteer Rewards	Non-member	\$75.00	Non-member Senior (60+)	\$50.
DDTC Senior (60+)	\$40.00 or 13 Volunteer Rewards	One Time Shelter Dog Discount - \$10 Off Current Fee			

Please return completed form to: DDTC, c/o Jane Frantz, 977 Deturksville Road, Pine Grove, PA 17963

For Class Information Contact: Jane Frantz, Obedience Registrar, at janeddtc@gmail.com or 570-345-6405

For Club Use Only: Amount paid: _____ Cash Check # _____ Volunteer Rewards: 13 20

Staple Proof of Shelter Dog Discount to Form Vet. Cert: Yes No

By: _____