



DDTC AGILITY CLASS REGISTRATION FORM

A completed form **WITH PAYMENT** is required for EACH dog and EACH class entered

Veterinarian Shot Certificate: Send copy with registration or bring to first night of class

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

DDTC Member	\$60 or 20 Dauphin Rewards	Non-Member	\$75	Non-Member Senior (60+)	\$50
DDTC Senior (60+)	\$40 or 13 Dauphin Rewards	One-Time Shelter Dog Discount		\$10 Off Current Fee	

Handler's 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: _____

Reachable number and active email must be provided for class updates.

Dog's Call Name: _____ Age: _____ Yr _____ Mo

Breed of Dog: _____ Gender: M F

EMERGENCY CONTACT INFORMATION: _____

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

Class Session:	<input type="checkbox"/> Winter (January)	<input type="checkbox"/> Spring (April)	<input type="checkbox"/> Summer (July)	<input type="checkbox"/> Fall (October)		
Class Level:	<input type="checkbox"/> Foundation	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Other _____
Class Day:	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday				
Start Time:	<input type="checkbox"/> 9:00 am	<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 5:30 pm	<input type="checkbox"/> 6:00 pm		
	<input type="checkbox"/> 6:45 pm	<input type="checkbox"/> 7:15 pm	<input type="checkbox"/> 8:00 pm	<input type="checkbox"/> 8:30 pm	<input type="checkbox"/> Other _____	

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: _____

Please return completed form to: DDTC, c/o Carolyn Dumaresq, 1370 Northview Ln, Harrisburg, PA 17112

For Class Information Contact: Carolyn Dumaresq, Agility Registrar, ccdumaresq@gmail.com or 717-540-7181

For Club Use Only – Amount Paid:	<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Check # _____	Dauphin Rewards:	<input type="checkbox"/> 13	<input type="checkbox"/> 20
Staple Proof of Shelter Dog Discount to Form	Vet. Cert:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	