

CUDAHY KENNEL CLUB
Training Class Registration and Waiver

Agility _____ Obedience/Rally _____
How did you hear about us? _____

Dog's Name _____
Breed _____ Age _____

Owner/Handler: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
E-Mail: _____
Veterinarian: _____
Proof of Vaccination: _____
Titers are accepted with proper verification
Recommended: Bordetella

Training Waiver

I declare that I am the owner/handler of the dog named above and verify that this dog is not a hazard to people or other dogs. I agree to abide by all of the rules, regulations, and decisions made by the Cudahy Kennel Club, Inc. I agree to hold harmless Cudahy Kennel Club, in any capacity, from any and all liability. I further agree that I will be responsible for any and all injuries to people or other dogs, and any damage to property caused by me or my dog that I bring to training class or any other function of the Cudahy Kennel Club.

If the handler is under 18, the parent must sign as owner, which gives permission for the child to participate in the program and accepts responsibility of the above stated.

Any use of the equipment without permission will be cause for immediate dismissal from the program.

No Refunds.

Name: _____ Date: _____

Session Date _____ Instructor/Class/Time _____
Session Fee _____ Cash _____ or Check Number _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Session Date _____ Instructor/Class/Time _____
Session Fee _____ Cash _____ or Check Number _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Session Date _____ Instructor/Class/Time _____
Session Fee _____ Cash _____ or Check Number _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Session Date _____ Instructor/Class/Time _____
Session Fee _____ Cash _____ or Check Number _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Session Date _____ Instructor/Class/Time _____
Session Fee _____ Cash _____ or Check Number _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Session Date _____ Instructor/Class/Time _____
Session Fee _____ Cash _____ or Check Number _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8