

# CLASS REGISTRATION FORM

PLEASE PRINT

PERSON'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

Email \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

CLASS \_\_\_\_\_ TIME \_\_\_\_\_ FEE \_\_\_\_\_

VETERINARY CLINIC \_\_\_\_\_ DVM \_\_\_\_\_

DATE DHL SHOT GIVEN \_\_\_\_\_ RABIES \_\_\_\_\_ 1YR \_\_\_\_\_ 3YR \_\_\_\_\_

**HELD AT: NEW HARTFORD FIRST UNITED METHODIST CHURCH**

~ (PARKING IN THE REAR OF CHURCH) ~

**DOGS WHOSE BEHAVIOR IS DANGEROUS TO OTHER DOGS OR HANDLERS  
WILL NOT BE PERMITTED IN CLASS!**

**NO CLASS WILL BE RESERVED UNLESS THIS FORM IS ACCOMPANIED BY PAYMENT IN FULL AND PROOF OF DOG'S CURRENT VACCINATIONS. MAKE CHECKS PAYABLE TO: MVDTC AND ENCLOSE A PHOTOCOPY OF YOUR DOG'S MOST RECENT DHL, PARVO AND RABIES SHOT RECORDS.**

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## MOHAWK VALLEY DOG TRAINING CLUB LIABILITY RELEASE

(To be signed by dog's trainer; owner if different from trainer; if under 18)

I understand that training a dog or attending a dog class is not without risk to my dog, any member of my family or any other person accompanying me to these training classes in the form of injury, because some of the dogs to which we may be exposed may be difficult to control and may be the cause of injury, even when handled with the greatest amount of care. I expressly assume this risk, and hereby waive and release the Mohawk Valley Dog Training Club, Inc., its employees, officers, members and agents; New Hartford First Methodist Church (landlord) from any and all liability of any nature for injury or damage or from any and all claims by as a result of any action by any dog including, myself, members of my family, my guests or my dog may suffer as a result of attending dog class or of any action in connection there with.

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian (if Trainer is under 18) \_\_\_\_\_ Witness Initial \_\_\_\_\_ Date \_\_\_\_\_

Send form with check to: Karen Yeandle 10 Clinton Street Apt. 810 Whitesboro, NY 13492

===== Club use only =====

Date received \_\_\_\_\_ By (print) \_\_\_\_\_ (signed) \_\_\_\_\_

Class Fee \_\_\_\_\_ Paid \_\_\_\_\_ check# \_\_\_\_\_ Session \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_