



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

Handler's Name: _____

No handlers under age 10. For handlers ages 10-15, a parent/guardian must be ring side 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 (write on back side of form to explain)

Class Session: ☐ Winter (January) ☐ Spring (April) ☐ Summer (July) ☐ Fall (October)

Class Level: ☐ Foundation I ☐ Foundation II ☐ Beginner I ☐ Beginner II

☐ Intermediate ☐ Advanced ☐ Other _____

Class Day: ☐ Wednesday ☐ Thursday ☐ Saturday

Start Time: ☐ 9:00 am ☐ 10:00 am ☐ 10:15 am ☐ 11:30 am ☐ 12:00 pm ☐ 1:30 pm ☐ 3:00 pm

☐ 5:30 pm ☐ 6:15 pm ☐ 6:45 pm ☐ 7:30 pm ☐ Other _____

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

DDTC Member	7-week session - \$75 or 25 Dauphin Rewards	Non-Member	7-week session - \$95
DDTC Senior (60+)	7-week session - \$55 or 18 Dauphin Rewards	One-Time Shelter Dog Discount - \$10 off Current Fee	

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 Dumaesq, 1370 Northview Ln, Harrisburg, PA 17112

For Class Information Contact: Carolyn Dumaesq, Agility Registrar, ccdumaesq@gmail.com or 717-991-4334

For Club Use Only – Amount Paid: Cash \$ _____ Check # _____ Dauphin Rewards: _____

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