CGC (Canine Good Citizen) **Spring Mini Session Dauphin Dog Training Club**

Three Weeks of Classes: Sunday, 6/29, 7/6, 7/13/25 (limit 8 working dogs) CGC evaluation on the Fourth week, 7/20/25 Starting at 5:15 pm Registration by mail only – Registration opens 5/12/25

Handler Name: _____ Member: yes____ no____

Address:	City:	State:	Zip:
Phone Number if class is cancelled: No handlers under age 10; handlers between	s n 10 and 15 must have parent/	_ Email: _guardian prese	ent at ringside.
Breed:	_ Age: Gender: _	Male	Female
Call Name:	Last Class Comple	ted by Dog:	
Where and When: All four			
Registering for All four	classes beginning June	29, 2025	
	s: \$50 or 18 Volunteer abers: \$60 per dog		
	Registrar will send out o		
As a condition to acceptance of the HOLD HARMLESS, WAIVER AND ASSUrisk to myself, members of my family or gue difficult to control and may be the cause of drelease DAUPHIN DOG TRAINING CLUB action of any dog. I expressly assume the rissession or any other function of DDTC, or we executing this form, I am releasing DDTC, it its officers, members, and/or agents are neglitraining by DDTC, I hereby agree to indemning members of my family or any other person are or the surrounding area as a result of any action sound mind.	MPTION OF RISK: I undersests who may attend, or my doctamage of injury even when have, INC., hereinafter DDTC, and sk of such damage or injury the thile on the training grounds of the officers, members, and agent igent. In consideration of and ify and hold harmless DDTC, ccompanying me to any training	stand that atten g, because the andled with the I its officers fro at I or my dog the surrounding ts from any lia as inducement its offers, men ng session or fo	dance at a dog training class is NOT without dogs to which I will be exposed may be a greatest amount of care. I hereby waive and om any damage or injury resulting from the may suffer while attending any training ang area. I understand that by signing or bility for damages or injury even if DDTC, to the acceptance of my application for abers, and agents from any and all claims by unction of DDTC, or while on the premises
Signature:	Da	ate:	
Ouestions: Jane Frantz – fritz1786	@comcast.net – 570-617	-9720	

Mail Registration Forms to: DDTC, c/o Sallie Jordan

65 March Circle, Winfield, PA 17889

graydog2002@gmail.com