## SAN JOAQUIN DOG TRAINING CLUB, INC. CLASS REGISTRATION FORM

Owner:		
Address:		
City:	Zip:Phone	:
Email:	Age: (if under 18)	
Handler if other than owner:	Phone:(if diffe	erent from above)
Dog's Call Name:	Sex:	Male Female
Breed:	Neutere	ed/Spayed? Yes No
Age of Dog:	Is this a	Rescue dog? Yes No
	l classes is \$110 for 6 v	veekly lessons
che	cks payable to SJDTC	
*One time Spay or Neuter Disco *One time Discount for Rescue Dogs, *Youth 12 - 16 years - \$55, any a	, with paperwork - 50% refui	nd upon completion of class
TO REGISTER: Arrive ½ hour prior to the	ne start of your class BRING	G VACCINATION RECORDS!
☐ <b>Basic Obedience:</b> 6:30 pm For Begi	inning dogs 6 months of age	and over
□ <b>Puppy:</b> 6:00 pm For Puppies 3 to 6 m	nonths of age	
☐ <b>Basic 2 + Rally:</b> 7:30 pm For dogs t	that have completed Basic or	equivalent
AGREEMENT TO HOLD HA	RMLESS WAIVER AND ASSUM	IPTION OF RISK
I (WE) UNDERSTAND THAT ATTENDANCE OF A DOG IN TI MY GUESTS WHO MAY ATTEND, OR MY DOGS. I (WE) HE INSTRUCTORS, AND AGENTS, SYCAMORE LANE KENNELS LOSS WHICH I, MY DOGS, MY FAMILY MEMBERS OR GUES THERETO. I FURTHER AGREE TO PAY FOR ANY INJURY O MEMBERS, OR MY GUESTS. I ALSO UNDERSTAND THAT T	REBY WAIVE, RELEASE AND HOLD H S, AND ALL PARTIES FROM ANY AND TS MAY SUFFER ON THE TRAINING PF OR DAMAGE WHICH IS A RESULT OF	ARMLESS SJDTC, IT'S OFFICERS, MEMBERS, ALL LIABILITY FOR ANY INJURY, DAMAGE OR REMISES, GROUNDS OR SURROUNDING AREA ACTIONS BY MYSELF, MY DOGS, MY FAMILY
SIGNATURE OF DOG OWNER OR AUTHORIZED AGEN	ит:	
	DATE:	
**SECTION BELOW TO BE FILLED IN BY SJDTC MEMB	ER TAKING SIGN-UPS WHEN VACCIN	IATION RECORD IS CHECKED.**
DHPP due Bordetella due	Dog Flu due	Rabies due
Paid (cash amount or check number)	Club member initials	