

D.O.G. SPORTS CENTRE

19556 Mississauga Rd. Caledon, Ontario L7K 1M5 (519) 938-9479 www.dogsportscentre.com

Class Registration

Name _____
Address _____
City _____ Postal Code _____
Phone # _____ e-mail _____

Dog Information

Dog's Name _____ Breed _____
Age (at start of class) _____ Sex _____ Spayed/Neutered Yes ___ No ___
Date of last vaccination _____
How old was your puppy/dog when you originally acquired him/her? _____
Have you taken previous training classes with this dog? Yes ___ No ___
If so where and what classes? _____
Have you taken previous training classes with another dog? Yes ___ No ___
Do you have other dogs at home? Yes ___ No ___ How Many? _____

D.O.G. Registration Agreement

D.O.G.: In consideration of the acceptance of this client, the opportunity to have the dog participate or be instructed, I (we) agree to hold the organization it represents, its members, officers and directors, owners of the premises upon which the event is held and their employees, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the event premises or grounds, or near any entrance thereto, and I (we) personally assume all responsibility and liability for any claim; and I (we) further agree to hold the aforementioned parties harmless from any claim of loss of this dog by disappearance, theft, damage or injury, be caused or alleged to be caused by negligence of the parties aforementioned, or by negligence of any other person, or any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting from or sustained by any person or persons, including myself (ourselves) or on account of my (our) participation in this event, howsoever such injuries, death or damage to property may have been caused by negligence of the aforementioned parties or any of their employees, members or agents, or any other person. **I (we) understand there is up to 8 weeks from the start date of private classes to complete any missed sessions and that DOG Sports Centre requires 24 hours notice if I (we) are unable to attend a session. Any sessions missed during a regular class schedule will not be repeated. Dog Sports Centre reserves the right to cancel or reschedule classes due to inclement weather or other reason. I understand there are no refunds after the start of the first class.**

Signed _____ Date _____

Signed _____ Date _____

(Parent's or Guardian's Signature if owner/handler is under 18)

Please use a separate form for each dog

Please make cheques payable to D.O.G. Sports Centre

For Office Use

Class _____ Instructor _____ Day _____ Time _____ Start Date _____

Total Enclosed \$ _____ Cheque ___ Chq# _____ Cash _____

wk 1 wk 2 wk 3 wk 4 wk 5 wk 6

Attendance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Revised Feb/08