

CONFORMATION CLASS REGISTRATION

Session Date _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone No. _____ Secondary Phone No. _____

Email address _____

Breed of Dog _____ Call Name _____ Age _____

Choose one: _____ 8-week P.M. Basic Class _____ 8-week P.M. Intermediate Class _____ 4-week A.M. Basic Class

Fees: \$130 per 8-week session, \$65 per 4-week session

REQUIREMENTS

The dog **MUST** be current on all vaccinations as advised by your veterinarian (distemper and parvo *strongly recommended*), and in good health. My dog has been vaccinated for rabies:

Dr. _____ Date _____ Tag # _____

The dog must be on an appropriate leash and the handler must be able to control the dog. Use of flex leads or electric collars is not permitted.

Parking in the handicapped designated places is restricted to those vehicles tagged or licensed as handicapped.

Children not participating in the class must be under the supervision of an adult at all times and must remain in the same room as supervising adult.

Each handler is responsible for cleaning up after his/her dog. Scoop with pan as well as pickup bags are available for outside cleanup, and a bucket of cleaning materials is provided for inside cleanup. Exercise the dog in the designated areas and deposit any cleanup in the trash cans located there.

Catoctin Kennel Club reserves the right to deny class enrollment to any person and/or dog deemed detrimental to the safety and welfare of other participants.

Training builds each week on previous training, so it is important to attend regularly to gain the most benefit from the program.

I have read, understand, and agree to abide by these requirements. Further, I understand that failure to conform to these requirements can lead to my being barred from class participation by the instructor and/or Catoctin Kennel Club Training Director. I hold the Catoctin Kennel Club and instructors harmless from any and all liability, costs, and expenses arising as a result of this activity, including but not limited to, injury to or death of dogs; bodily injury to or death of any person; and damage to property of any kind.

Signature _____ Date _____

Make check payable to **Catoctin Kennel Club** and mail to:
Elinor Abrell, 2222 Pleasant View Road, Adamstown, MD 21710