



# THURSDAY NOSEWORK REGISTRATION

Session Dates: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Breed: \_\_\_\_\_ Call Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please Check Class: Level 1  Level 2  Level 3  Level 4  Level 5

**\*\* Check website for available classes and times. \*\***

**Fee \$130.00 per 8 week session. No one handler may enter two dogs in same class.**

**Pre-Registration a MUST - APPLICATION MUST BE SIGNED**

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<b>Requirements</b>	Handlers must be 14 years or older to participate in the Adult classes. Dogs MUST be current on all vaccinations. Dogs must be on leash outside of training class. No Loose unattended dogs. Dogs should be treated with respect. Reguar buckle collars are recommended. Any other collar requires permission from your instructor. Appropriate footwear (support, non skidding soles) is required.
<b>Cleanup</b>	Exercise dogs in designated areas. Scoop all poop thoroughly. Take poop with you or deposit it outside receptacle designated for dog poop.
<b>Children</b>	Children not participating in a training class must be under the supervision of an adult at all times. Children must remain in the same room as supervising adult. No running the building. No playing in the parking area.
<b>Disturbances</b>	Do not leave barking dogs in cars. Barking dogs inside facility that are disturbing training classes will be required to be removed.
<b>Attendance</b>	Training builds each week on previous training. Participants should attend regularly to benefit from class. They should advise their instructor if they will be absent.
<b>Refunds</b>	After the 1 <sup>st</sup> class of the session there are NO refunds. Credit will be given for another session if there is an emergency or if your bitch comes in season.

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My dog was vaccinated against Rabies and Parvo by: Dr. \_\_\_\_\_ Date: \_\_\_\_\_ Tag#: \_\_\_\_\_

I have read, understand, and agree to abide by the rules. I understand that failure to conform to the rules can lead to my being barred from class participation by the Catoctin Kennel Club Training Director. I certify that dog(s) participating in training have been immunized against rabies and DHL. Parvo recommended. I further certify that the dog(s) are in good health. 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 or death of dogs, bodily injury or death to any person and damage to property of any kind.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or legal guardian if a Junior)

Make checks payable to **CATOCTIN KENNEL CLUB** and please mail to:  
**Lamar Solomon, 5502 Bartonsville Rd., Frederick, MD 21704-6834**