



CLASS REGISTRATION

(One discount per applicant)

Student's Name _____

Is this person over age 18? Yes ___ No ___ If NO, parent or guardian must accompany minor to each class.

Address _____
STREET CITY STATE ZIP

Phone #1 _____ Phone #2 _____ E-mail _____

(Email address for training related correspondence only.)

Dog's call name _____ Breed _____

Age _____ Weight _____ Male/Female _____ Neutered/Spayed _____

Has this dog previously attended an Obedience Class? _____ With VVDOC _____ Other _____

How did you hear about our classes? _____

CLASS IN WHICH YOU ARE ENROLLING (check one):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Puppy (4-9 months of age) | <input type="checkbox"/> Novice |
| <input type="checkbox"/> Beginner (10 months and older) | <input type="checkbox"/> Rally |
| <input type="checkbox"/> Beginner Novice | <input type="checkbox"/> Other _____ |

If this application is accepted, it is understood that the VEGAS VALLEY DOG OBEDIENCE CLUB (VVDOC) may dismiss me and/or my dog from the class at any time at the discretion of a VVDOC Training Director. In such event, a portion of my enrollment training fees may be refunded to me on a pro-rata basis; other than this exception, all fees are NON-REFUNDABLE. I also understand I am liable for the following reasons, including but not limited to: a) any injury or property damage to persons or dogs caused by me, the handler, or the above named dog; b) children or non registered dogs who accompany me; c) any behavior by myself or dog that is deemed detrimental or aggressive toward others while attending VVDOC training classes.

FURTHER, I hereby release the VEGAS VALLEY DOG OBEDIENCE CLUB and all its members, and all persons connected therewith, from any and all claims and liabilities of every nature whatsoever, which may arise from my or said handler's participation, or from my dog's participation, in a VVDOC training class, or any other Club activity.

PROOF OF VACCINATIONS MUST BE PRESENTED TO VVDOC PRIOR TO START OF THE FIRST CLASS.

SIGNATURE OF APPLICANT (parent or guardian if under age 18)

DATE

.....
DO NOT WRITE BELOW THIS LINE! FOR VVDOC USE ONLY
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Vaccinations Current? Yes/No Rabies ___ Distemper Combo ___ Parvo ___ Titer ___ Checked by _____

IF VACCINATIONS NOT CURRENT, BRING PROOF TO FIRST CLASS

CIRCLE ONE: Regular Class Senior (60+) or Military (Must show ID) VVDOC Member
\$95.00 \$80.00 \$_____

AMOUNT PAID \$_____

Cash Check # _____ (Checks payable to VVDOC) Coupon (Applies to Regular Class Price Only) Rec'd. by _____

Rev. 11/18