

Trail Creek Dog Training Club
Mailing address: P.O. Box 112 LaPorte, IN 46352

Name _____ Telephone Number _____

Handlers Name _____ Age if under 18 _____

Address _____ Email _____

Dog's Breed _____ Dog's Age at time of Class _____ Dogs Name _____

Dogs Vet/Clinic _____

*Shot records are no longer kept on file. Please bring new copy with each new sign up.

Has dog taken classes here previously- Yes or No

Puppy Obedience \$70

Intermediate Agility \$70

Puppy Plus Obedience \$70

Distance Agility \$70

Beginning Obedience \$80 AM or PM

Intermediate Obedience* \$60

Rally Obedience \$70 AM or PM

Competition Obedience* \$60

Beginning Agility \$70

*5 week course

Other: _____ Cost _____

Shelter dogs and Senior handlers receive a \$10 discount on Puppy and Basic Classes

I understand that attendance of a dog training class is not without risk to me, my dog, members of my family or guests who may attend because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release TRAIL CREEK DOG TRAINING GROUP, INC, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of any damage or injury while attending any training session or other function of the club or while in the training building, grounds or the surrounding area.

I also hereby agree to indemnify and hold harmless this club, officers, members and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training sessions or function of the club or while on the ground or surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner: _____ Date: _____

Signature of Handler: _____ Date: _____

Please Print Name: _____

BELOW FOR CLUB USE ONLY -DO NOT FILL OUT

Rabies: _____ DHLP _____ Parvo _____ Fecal Test: _____

Paid: Check Number: _____ Cash: Amount:\$ _____