

DOG SPORTS CENTRE CLASS REGISTRATION

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

www.dogsportscentre.com

Handler information

Name _____
Address _____
City _____ Postal Code _____
Phone # (home) _____ Cell # _____
e-mail _____

Please check off
the class you
plan to attend.

- Agility I
- Agility II
- Agility III
- Puppy
- Family Dog
- Dog Sports
- Tracking
- Disc Dog
- Behaviour

Dog Information

Dog's Name _____ Breed _____
Age (at start of class) _____ Sex: Male Female
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 with your dog and 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 _____
(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 Dog Sports Centre

For Office Use

Class type _____ Instructor _____ Day _____ Time _____ Start Date _____
Class Private Total Paid \$ _____ Cheque Chq# _____ Cash
Attendance
wk1 wk2 wk3 wk4 wk5 wk6

Revised Nov/13