



Kuliga Dog Training Club Agility Class Registration Form

First Name:		Last Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Cell:	E-Mail:	
Name of Class:		Start Date:	Start Time:
Dog's Name:		Breed:	Age:

Please check the website (www.kuligadtc.com) for classes being offered each session and dates and times.

√	Class Name (All classes are 8 week sessions)	Cost (Circle one)	Records Enclosed	Records On File
	Foundation	\$99/non-member & \$25/member		
	Equipment	\$99/non-member & \$25/member		
	Agility 1 (Beginner Handling)	\$99/non-member & \$25/member		
	Agility 2 (Intermediate Handling)	\$99/non-member & \$25/member		
	Agility 3 (Advanced Handling)	\$99/non-member & \$25/member		
	Agility 4 (Competition Handling)	\$99/non-member & \$25/member		
	Other: _____	\$99/non-member & \$25/member		

Your dog should have up-to-date shots for DHLPP, Parvo and Rabies. We also recommend vaccination against Kennel Cough (Bordetella) as a precaution. Please attach a photocopy (non-returnable) of your dog's vaccination record from your veterinarian with the dates of vaccinations.

WAIVER

I understand that participation in a dog agility class is not without risk to myself, members of my family, or my guests who may attend, or to my dog(s); and that some of the dogs, which I (we) will be exposed to, may be difficult to control or may be the cause of injury even when handled with the greatest of care.

I hereby release Kuliga Dog Training Club, Inc., its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I, my dog, family members or guests may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training or other function of the Club, or while at the training facility or the surrounding area. I further release from the same liability the owners, employees and agents of the facility at which the classes are held.

Signature of owner or person applying for training Date Signature of parent or guardian if applicant is under 18

Fee enclosed: _____ Check or Money Order, Payable to Kuliga Dog Training Club, Inc.

Send completed Application with fee and copy of vaccination record to:

Kuliga Dog Training Club; c/o Brenda Gilday; 4003 Hillside Ave; Cincinnati, OH 45204; Phone: (513) 543-0202

Class confirmations will be sent via email or phone shortly before starting date or you may call: Brenda Gilday at 513-543-0202 for more information.

How did you hear about the training classes at KDTC?

Newspaper Veterinarian Friend Other _____

Coordinator use: Date received, complete with fee & Vet. record. _____

Web site: www.kuligadtc.com