

**SPRING 2018 Session Training Application Form**

<u>Monday</u>	<u>Wednesday</u>	<u>Thursday</u>
<b>Agility Foundations</b>	<b>Puppy</b>	<b>Youth Agility (\$40.00)</b>
<b>Agility Beginner</b>	<b>Beginners</b>	<b>4 H</b>
<b>Agility Intermediate</b>	<b>Tweeners</b>	<b>Rally</b>
<b>Agility Advanced</b>		

Please circle the desired class above and complete the form below. Class fees are listed in the training session class schedule. Dogs with proof of adoption from the Humane Society or Contended Critters receive a \$10.00 discount on training in a puppy or beginner class. Owners must show adoption receipt to registrar on the first night of class. Children who are enrolled in a 4-H dog project receive free training for the first session upon proof of enrollment and \$10 thereafter. If you did not bring your rabies certificate tonight you must bring it on your first night of class.

Name: \_\_\_\_\_ Age of Handler if Under 18: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Male or Female (Circle One) Spayed or Neutered (Circle on if Applicable) Age of Dog: \_\_\_\_\_

Name of Vet Clinic \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_ Tag#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

IF adopted from shelter, date adopted: \_\_\_\_\_ 4-H member info: \_\_\_\_\_

Paid by cash \_\_\_\_\_ or check# \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Circle One: Member: Active or Non Active  
Non-Member

How did you hear about the IRDTC? Are you interested in learning about membership to IRDTC?

On behalf of myself, my heirs, executors, administrators and assignees: I hereby waive and release any and all rights and claims for damages which I may have against the Iron Range Dog Training Club, its Board of Directors, training directors, and training staff, as well as any other connected with their class or event, their heirs, executors, administrators, successors and assigns for any and all injuries with I and /or any member of my family and/or friends, or my dog may suffer or causes while taking part in this class or event or as a result thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information was verified by (Registrar's Name): \_\_\_\_\_