

CLASS REGISTRATION FORM



Class Title _____ # of Weeks _____ Start Date _____

Instructor _____ Instructor's email _____

Class Fee (non-refundable): \$12 per contact hour or, for members with sufficient work credits, \$6 and 1 work credit per contact hour. For example, a 7-week class may be \$84 or \$42 and 7 work credits. Your instructor will let you know what the correct fee is prior to the first class.

Owner's Name _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ E-mail _____

Dog's Call Name _____ Dog's Age _____ Breed _____

Dog's Sex _____ Neutered? _____ Yes _____ No

Date of most recent vaccination against Parvo Virus, Distemper, and Hepatitis: _____ 1-year _____ 3-year _____

Date of most recent Rabies vaccination: _____ 1-year _____ 3-year _____

Date of last heartworm check: _____ Is your dog on a heartworm preventative now? _____ Yes _____ No

Are you an ICDOC member? _____ Yes _____ No

If yes, is this your first class this year? _____ Yes _____ No

Note: Paying dues each year entitles a member to his/her first class at the reduced rate. For example, \$42 for a 7-week class or \$36 for a 6-week class. For subsequent classes, sufficient work credits must be earned to qualify for the reduced rate.

I (We) agree to hold the Iowa City Dog Obedience Club (ICDOC), its instructors, members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, 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 premises or near the entrance thereto. I (We) personally assume all responsibility and liability for any such claim. I (We) further agree to hold the aforementioned parties harmless for any such claim for loss of this dog due to disappearance, theft, damage, injury, or another 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 for damage because of bodily injuries sustained by any person(s) or on account of damage to property arising out of or in consequence of my (our) participation in this training class, however such injuries may be caused, whether or not the same may have been caused by negligence of the aforementioned parties or any of their members, employees, agents, or any other person or party.

Signature _____

Date _____

Fee paid: _____ Credits Used: _____ Date: _____