



REGISTRATION FORM

For Office Use Only

Chk#: _____

Amt: \$ _____

Chk Date: _____

Date Rcvd: _____

Vacc. Enclosed? Yes No

(TS) (DB)

To register for classes, please complete this form and mail a check payable to:

Dallas Dog Sports, 2760 Pecan Drive, Wylie, TX 75098

Please include proof of current rabies vaccination with the check. Class fees are \$95 for six weeks (class schedule/fees subject to change without notice). Pre-registration is required and must be received no later than one week prior to the first class. No refunds or credits given after the first class.

Check our Class Schedule at http://www.dallasdogsports.com/class_schedule.htm for current class openings.

Circle Class Level: Pre-Agility 1 Pre-Agility 2 Pre-Agility 3
 Beginner Agility Novice Agility Intermediate Agility Advanced Agility

Start Date: _____ Class Meeting Time: _____

Owner's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

Dog's Call Name: _____ Breed of Dog (or mixed): _____

Age of Dog (or estimate): _____ Male Female

Approx. height of Dog: _____

Handler's Name: _____ Handler's Age if Minor: _____

Indemnity Agreement: I certify that I am the actual owner or duly authorized agent of the actual owner of the animal described above. I personally assume total responsibility for this dog and agree to indemnify and hold harmless the organizers, instructors, property owners, participants and insurers of all of these parties from and against any and all expenses, losses, claims, and liabilities of any nature that arise from or incident to the use of facilities and equipment belonging to or used by the organizers and participants. I understand that I and my dog use the facilities and equipment at our own risk, and that the above mentioned individuals are not responsible for any accident or injury that might arise from such use.

Signature of Owner: _____ Date: _____

(or guardian if under 18)