



Registration Form for **BASIC** and **PRE-COMPETITION OBEDIENCE** Classes

USE ONE FORM PER DOG PER CLASS. Send form, with payment and vaccination records, to the General Registrar:

Mary Yates, 4911 Briarwood Ln., Manlius NY 13104-1307. . Questions? E-mail SOTCRegistrar@gmail.com

Make checks payable to SOTC. There is a \$20 bank fee for returned checks

NO CLASS WILL BE RESERVED UNLESS THIS FORM IS ACCOMPANIED BY BOTH PAYMENT IN FULL AND PROOF OF DOG'S CURRENT VACCINATIONS.

VACCINATIONS. Enclose proof of your dog's most recent vaccinations (rabies & DHPP) or titer report. Puppies on initial vaccination schedules are the only exception and require only the 2nd distemper shot by start of class.

REFUNDS/CREDITS. If you contact SOTC to cancel your enrollment before the first day of your class, you will receive a full refund. No refunds or credits will be given after the first day of class.

DOGS WHOSE BEHAVIOR IS DANGEROUS TO OTHER DOGS OR HANDLERS WILL NOT BE PERMITTED IN CLASS.

Session

Date received

HANDLER	Person who will handle the dog in class <i>(one name only)</i>			SOTC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is handler under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of birth (mm/dd/yy):		
	Dog's owner <i>(if different from handler)</i>			SOTC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	E-mail address <i>(for confirmation by e-mail)</i>				
	Mailing address		City	State	ZIP
	Day phone		Evening phone		Cell phone
	Emergency contact			Emergency phone	

DOG	Call name	Breed	Birth date	<input type="checkbox"/> M <input type="checkbox"/> F
	Dates last vaccinated (mm/dd/yy) <i>(include proof of vaccination or titers)</i>	Rabies:	DHPP:	
	Has this dog been trained before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where/what was last class? Last instructor?		
Problem areas?				

CLASS	Give name of class and preferred time slots, or use abbreviation from Class Listing Class			If class has a prerequisite, check all that apply:	
	1st choice <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Time	Start date	<input type="checkbox"/> I will attend a run-thru
	2nd choice <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Time	Start date	<input type="checkbox"/> I have requested permission to enroll
					<input type="checkbox"/> My dog has taken the required prior class or has the required title (specify):

PAYMENT	(check one) <input type="checkbox"/> Cash	<input type="checkbox"/> Check #:	Fee enclosed (\$) or points paid:
	<input type="checkbox"/> Points	<input type="checkbox"/> Other:	

SOTC LIABILITY RELEASE

To be signed by dog's handler (and owner, if different from handler) and by parent of handler under age 18
I understand that training a dog is not without risk to me or my dog in the form of injury; and in consideration of training my dog, I expressly assume this risk and hereby waive and release The Syracuse Obedience Training Club Inc., its employees, officers, members, and agents and the club's Landlord from any and all liability of any nature for injury or damage my dog may suffer as a result of being trained or of any action in connection therewith.

I also understand that my attendance at dog training classes is not without risk to me, members of my family or guests who may attend, or my dog because some of the dogs to which I may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. In consideration of training my dog, I expressly assume this risk and hereby waive and release The Syracuse Obedience Training Club Inc., its employees, officers, members, and agents and the club's Landlord from any and all liability of any nature for injury or damage resulting from the action of any dog.

Furthermore, in consideration of training my dog, I agree to indemnify and hold harmless The Syracuse Obedience Training Club Inc., its employees, officers, members, and agents and the club's Landlord from any and all claims by me or claims by any member of my family or any other person accompanying me to these training classes as a result of any action of any dog, including my own.

HANDLER'S SIGNATURE	DATE	OWNER'S SIGNATURE <i>(if different from handler)</i>	DATE
PARENT / GUARDIAN <i>(if handler is under 18 years of age)</i>	DATE		