



Clermont County Dog Training Club Class Registration

**Please Print- I have to be able to read email address to
send confirmation**

Please answer all of the questions asked in this form. One form per dog/class, please

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Preferred Phone: _____ **E-Mail:** _____
(Please give email. Needed for confirmation. It will NOT be shared)

Name of Class: _____ **Start Date:** _____ **Class Time:** _____

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

<u>UPDOG CLASS</u>	<u>Cost</u>
All Classes for Non-Members	\$30.00
Members Price	\$15.00
<p style="color: red;">CCDTC Requires a simple signed statement from your vet that your dog has all the vaccinations that your breed requires, as determined by you and your vet to maintain your dog's good health.</p> <p style="color: red;">The Health Statement form is on the same web page as the class schedule.</p>	
<p>Payment to CCDTC MUST be received with registration to confirm a spot</p>	

Class confirmations will be e-mailed or called shortly before starting date.

No Flexi leads allowed in the building
Bring small treats that your dog likes

Dogs come first class EXCEPT for obedience classes

For UPDOG class questions, call Page: (513) 239-3303 or email at <mailto:ccdcregistrar@gmail.com>.

Release

By signing the Registration form, I hereby release and agree to hold harmless the Clermont County Dog Training Club Inc., its instructors, trustees and officers from any personal injury or damage or injury to any dog owned by me, including any liability, cost or expenses associated with the foregoing, arising-out-of, or during training classes sponsored by CCDTC, Inc.

In addition, I understand that it is my responsibility as a trainee to keep my dog(s) under control at all times before, during, and after classes, and to refrain from the use of harsh or abusive training methods at any CCDTC Inc. activity. Failure to comply with the above may result in loss of training privileges and forfeiture of monies paid.

Signature of trainee **Note: If trainee is a minor, then parent or guardian must sign.** Date: _____

Mail completed form and records to: CCDTC Registrar (Checks payable to CCDTC), 6058 Kells Lane. Milford, OH 45150 Please mark on envelope AGILITY or OB/RALLY *Health certificate received*