



# Clermont County Dog Training Club bClass 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: \_\_\_\_\_

Class Type	Cost
All Classes for Non-Members	\$120.00
Members Price	\$30.00
Further classes (for same dog), in the same calendar year, includes \$15 discount	\$105.00
First class for rescue dog within 6 months of adoption, includes \$20 discount Please bringproof of adoption to first class.	\$100.00
<b>CCDTC Requires a simple signed statement from your vet that your dog is in good health, is current on all vaccinations required by this county (Rabies) and has vaccinations that you and your vet feel are needed forthe health of the dog.</b> <b>The Health Statement form is on the same web page as the class schedule.</b>	
Payment to CCDTC MUST be received with registration to confirm a spot	

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

**No Flexi leads allowed in the building.**      **Dogs come first class EXCEPT for obedience classes.Bring small treats that your dog likes.**

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

For Agility class questions, call Carol: (513) 502-2700 or email at <mailto:ccdtagilityregistrar@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 mayresult in loss of training privileges and forfeiture of monies paid.

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

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

\_\_\_ (check) I have read and will follow the COVID Safety Procedures posted on CCDTC Website.

**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*