



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: _____

Do not register for a class that is not on the schedule. Payment must be received with registration to reserve a slot.

Class Type	Cost	Quantity	Total	Health Statement Enclosed or on File
7 Week Non Member	\$120.00			
4 Week Non Member	\$ 70.00			
7 Week Non Member-2 nd session	\$105.00			
First Class for Rescue within 6 months of adoption (Bring Proof of adoption to firstnight of class)	\$ 95.00			
Member fee all sessions	\$ 30.00			
Checks payable to CCDTC				

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

No Flexie leads allowed in the building Read Confirmation Email For All instructions

CCDTC Requires a simple signed statement from your vet that your dog has all the vaccinations that your breed requires, is current with county required vaccinations and that your dog is in good health.

Questions? td.ccdtc@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. trainee **Note: If trainee is a minor, then parent or guardian must sign. Note: If trainee is a minor, then pare or guardian must sign.**

_____ Date: _____ Signature of trainee

Mail completed form and records to:

CCDTC Registrar Please mark on envelope AGILITY or OB/RALLY (Checks payable to CCDTC)

**6058 Kells Lane
Milford, OH 45150**

Health certificate received _____