

BEGINNER 2 CLASS REGISTRATION FORM

(All classes are 8 Week Sessions unless otherwise noted) Prerequisite for this class is successful completion of the Beginner 1 class.

Congratulations on completing the Beginner 1 class. You and your dog are now eligible to enroll in the Beginner 2 class for more advanced training.

Fees for classes are \$185.00 and are by pre-registration only. You may not register on the first night of class.

Please return the completed registration form, the behavior survey and your check or money order, payable to SICDTC to the address below. *There are no refunds or credit after the first class in the session.* Please be sure to provide an accurate, regularly checked e-mail address. If you do not have one, please leave blank and you will be contacted by telephone. A written confirmation will be sent to you approximately one week prior to class via e-mail.

Please mail your registration forms and a check made payable to SICDTC, Inc. to: SICDTC BEGINNER 2 REGISTRATION

Janet Mines Krings 247 Liberty Avenue Jersey City, NJ 07307

Staten Island Companion Dog Training Club Beginner 2 Class Registration Application

Registration is on a first come, first served basis, with the completed registration forms and your check or money order reserving your spot in class.

1st Choice Class:	Day	Time			
2nd Choice Class:	Day	Time			
Fee Enclosed:	Check Money Order				
Name:	Home Phone Number: ()				
Cell Phone Number: ()	Work Phone Number: ()				
Address:	City:	State:Zi _l	p:		
E-Mail Address					
Emergency Contact Name & Phor	e Number:				
Dog's Name	Dog's Breed:	M/F:	Age:		
Spayed/Neutered?					
What day and time did you take t	he Beginner 1 class?				
Who was your Instructor(s)?					
When did you complete the class	(Month/Year)?				
What do you hope to accomplish	by attending class?				
Has your dog ever attempted to be circumstances and was there an i					

LIABILITY WAIVER

I understand that attendance of a dog training class is not without risk to myself, members of my family, guests who may attend, or my dog because some of the dogs that we will be exposed to may be difficult to control, and, as a result, may be the cause of injury and/or damage, even when handled with the greatest amount of care.

Therefore, in consideration of the acceptance of my application for training class or ring time, I hereby waive, release, and hold harmless the Staten Island Companion Dog Training Club, Inc., its employees, members, trainers, assistants, volunteers, and/or agents, (hereinafter referred to as the "training club"), and the owner(s) of the premises located at 75 Ellis Street, Staten Island, New York 10307, from any and all liability for injury and/or damage which I, my family, my guests, or my dog may suffer, including, but not limited to, any injury or damage resulting from the action of any dog(s) in the training session or on the training grounds.

In addition, I expressly assume the risk of such injury or damage while attending any training session, any other function of the training club, and/or while on the training grounds or surrounding areas thereto.

Lastly, I hereby agree to indemnify, compensate, and hold harmless the training club and the owner(s) of the premises located at 75 Ellis Street, Staten Island, New York 10307, from any and all claims asserted against the aforementioned, made by any person(s) accompanying me, or, any other person(s) attending any training session and/or other function of the training club, or while on the training grounds or surrounding areas thereto, as a result of any action by any dog(s), including my own, that causes injury and/or damage.

To the best of my knowledge, all the information requested has been provided accurately and completely. The handler of this dog is responsible for controlling the dog at all times during class, both in the building and on the premises. A dog and handler may be removed from class at the instructor's discretion should the handler be unable to control the dog.

Signature of Owner	Date	Signature of Handler (if different)	Date			
Owner's Name (Please print)		Handler's Name (Please print)				
Emergency contact name and	d phone number (F	Please print)	-			
	Have you	Have you included the following?				
□ Check for \$185□ Completed registration for	m with active ema	il address and cell phone number				

Parental Consent Form for Minors Handling Dogs in Class

(This form is a continuation of the Liability Waiver)

Any Handler 18 or Under Must Submit this Form with the Application.

Note: the minimum training age is 10 years old and held to the discretion of the Instructors.

I,		, parent of		
(Parent's name printed)		(Child's name printed)		
who is	years old do give cons	ent for my child		to
		(Chi	ld's name printed)	
actively atten	d classes at Staten Islan	d Companion Dog Traini	ng Club. If I c	annot accompany
my child to c	lass, I further give consen	for		or
		(Adult's name)	(A	dult's name)
	, to be in atten	dance and on the premise	s at all times v	vith said minor
(Adult's name)				
child.				
		Signature of	Parent	Date