



## **BEGINNER 1 CLASS REGISTRATION FORM**

(All classes are 8 Week Sessions unless otherwise noted)

***THIS CLASS IS FOR DOGS OVER 5 MONTHS OF AGE***

All classes are held at our Training Hall at 75 Ellis Street, Staten Island, NY 10307

Fees for classes are \$185.00 and are by **pre-registration** only. If your dog has been adopted from a local shelter or recognized rescue organization, you are entitled to a 10% discount (\$166.50) on your first training session only. Proof of adoption must be included with your registration form. No discounts will be extended without the documentation. Include a copy of your dog's most recent vaccination or titer records with these forms.

**Proper training equipment is required. You can purchase these items from us on the first night of class or purchase them on your own. The items need for your class:**

- Collar (your instructor will recommend which collar is appropriate for your dog)
- 4 foot leather leash
- Special treats, such as cut up hot dogs or string cheese (do not use kibble or biscuits)

**Please wear comfortable shoes such as sneakers to class. No heels, flip-flops or backless shoes for your safety as well as your dog's.**

Please return the completed registration form, the behavior survey, the signed liability waiver, a copy of your dog's most recent vaccination or titer records 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 with 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 REGISTRATION**

Debbie Scotto

75 Alexander Avenue

Staten Island, NY 10312

For questions, email: [petregistration@sicdtc.info](mailto:petregistration@sicdtc.info)

## Beginner Class Registration Application and Behavior Survey

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. Please indicate your first choice of class and your second choice of class.

1st Choice Class: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2nd Choice Class: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_ Does your dog have a NYC Dog License? Yes / No (not required to train)

Have you trained a dog before?  Yes  No If yes, when and where did you train?

\_\_\_\_\_

How did you learn about our training classes?  Website  Vet  Word of mouth  Other

Please indicate any specific problems you are having with your dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you owned this dog and where did you get him/her?

\_\_\_\_\_

Do you have children/other pets?  Yes  No . If Yes, how does your dog interact with them?

\_\_\_\_\_

Describe your dog's reaction to strangers? \_\_\_\_\_

Has your dog ever attempted to bite or has bitten anyone?  Yes  No . If Yes, what were the circumstances and was there an injury? \_\_\_\_\_

Describe your dog's reaction to other dogs? \_\_\_\_\_

What do you hope to accomplish by attending class? \_\_\_\_\_

### 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 phone number (Please print)

Have you included the following?

- Current vaccination or titer records
- Liability waiver (if you have not sent in one previously)
- Check for \$175
- Completed registration form with active email 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 consent for my child \_\_\_\_\_ to  
(Child's name printed)

actively attend classes at Staten Island Companion Dog Training Club. If I cannot accompany  
my child to class, I further give consent for \_\_\_\_\_, \_\_\_\_\_ or  
(Adult's name) (Adult's name)

\_\_\_\_\_, to be in attendance and on the premises at all times with said minor  
(Adult's name)

child.

\_\_\_\_\_  
Signature of Parent                      Date