



Jefferson County Kennel Club of Missouri, Inc

Class Registration Form

Return completed registration form to:

Jefferson County Kennel Club
Class Registration
P.O. Box 155
Arnold, MO 63010

[Please Print Clearly]

How did you hear about us? _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I am registering for the following class:

Canine Good Citizen (CGC - CGC w/Assisted Therapy) AKC S.T.A.R Puppy Manners for the Family Dog
 Obedience (Intro to Novice- Adv. Novice - Novice II - Open- Beginner Novice - Drop In) Puppy Boot Camp
 Rally-Obedience (Novice - Advance - Excellent) Conformation - (Ring Ready - Beg/Nov Handler - Jr Showmanship)

Date & Time class starts: _____

Dog's call name: _____ Breed: _____

Age at beginning of class: _____ Dog's sex: _____ Spayed or neutered? Yes No

Has your dog ever bitten or snapped at anyone? _____ been aggressive toward other dogs? _____

Class fees enclosed \$ _____ Please make checks payable to **JCKC**

IMPORTANT: Your registration should be received at least one week prior to the first class. Please call if sending in later. For your dog's protection, proof of current vaccinations, including Bordetella, is MANDATORY! Include a copy of your dog's shot record with this application or bring a copy to the first week of class. JCKC may withdraw privileges from any person whose dog is deemed vicious or extremely unruly by the instructor.

Waiver of Liability: I have read the JCKC Policies and Training Guidelines, understand them, and agree to abide by them. For consideration of the acceptance of this registration, I agree not to hold JCKC and the trainers liable for any loss or injury, from whatever cause, which may occur upon or within the vicinity of the training premises to **1)** said dog, myself or any person handling or training said dog on my behalf, and **2)** to any person, animal or thing which may be alleged to have been caused by said dog, myself or any person handling or training said dog on my behalf. I also understand that any child under the age of 16 must be accompanied by an adult.

Signature: _____ Date: _____
(Signature required for acceptance of registration)

Parent Signature if under 18 : _____ Date: _____

For class schedules call 636-464-2324 or go online at www.jckc.org