



Simply  
Paws-itive  
obedience • agility training

Linda Murray

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# Class Registration Form

Please fill out one registration form for each dog you are registering

Owner's Name \_\_\_\_\_

Other Family Members Participating in Class \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Dog's Name \_\_\_\_\_ Dog's Breed \_\_\_\_\_

Dog's Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Class (PuppySmart, Basic, Intermediate, Advanced or Agility) \_\_\_\_\_

Class Location (Nelson, Castlegar, Warfield etc.) \_\_\_\_\_

What do you hope these classes will do for you and your dog? \_\_\_\_\_

Where did you hear about these classes (Please be specific) \_\_\_\_\_

PLEASE NOTE: PROOF OF VACCINATION MUST BE PRESENTED AT THE FIRST CLASS OR YOUR DOG WILL BE EXCUSED. NO EXCEPTIONS!

## WAIVER:

I (please print name) \_\_\_\_\_ agree to place no blame, now or in the future, on Linda J, Murray or any of her representatives, for any injuries to me, any family members, or my dog while taking part in any classes or other activities associated with classes. I further agree, on behalf of myself and my family members to assume complete and sole responsibility for any and all actions of any dog brought on to the premises by myself or any member of my family. I realize that working with dogs can be hazardous and that dogs can be unpredictable.

Signed \_\_\_\_\_

Date \_\_\_\_\_