

Marion-Alachua Dog Training Association

Dog Obedience Training Class Registration - 7 Week Sessions

Date: _____

Name: _____

Phone # _____

Address: _____

in case of emergency, notify:

City, State, Zip: _____

Contact Name _____

E-Mail: _____

Contact Phone#: _____

Dog's Call Name: _____

Breed: _____ Age _____

**Please circle class entered: Puppy Kindergarten / Beginners/ Adv. Beg / Novice
Novice-Pre Open (Tues. AM) / Pre-Open (Thurs. PM) / Rally: (AM) or (PM)
Agility: Intro or Intermediate**

Date of last Vaccination: DHPL Booster _____ Rabies _____ Parvo _____

How did you learn of our classes _____

PLEASE READ BEFORE SIGNING;

I have enrolled my dog and myself in a training class and /or other dog related activity sponsored by the Marion-Alachua Dog Training Association, Inc., a Florida not-for-profit corporation. I, and any guest I bring, assume the risk of any injury resulting to my dog or to myself in connection with this activity insofar as concerns my liability and that of the Marion-Alachua Dog Training Association, Inc., any of its members, Officers and the owner(s) of any facilities used by the Club. I also hereby indemnify and agree to hold harmless the Marion-Alachua Dog Training Association, Inc., any of its members, Officers and the owner(s) of any facilities used by the club against any and all claims for liability for damage to the persons or property of others caused by my dog or myself while on the training area used by said Club or any property adjacent thereto.

Printed Name _____ Signature _____ Date _____

(if under 18, Parent or Guardian)

Printed Name _____ Signature _____ Date _____

FEES:

a. MADTA Class (\$80) \$ _____

b. MADTA Club Member (\$70) \$ _____

c. Membership Dues paid \$ _____

Note** New Member (s) application MUST be read at 2 meetings
And then voted in by membership

TOTAL: \$ _____

Check# _____ / Cash _____

NOTE: Please make checks payable to **MADTA**

Thank you, We look forward to working with you and your dog !