



# REGISTRATION FORM

Session starts August 28, 31 and Sept. 2, 2010

**CIRCLE YOUR CLASS!** [www.reallifecanineacademy.com](http://www.reallifecanineacademy.com)

Each class requires a minimum of 4 dogs to run.

### Tuesday, Aug 31 to Sept. 28

6:15 pm Pet Therapy Prep

7:15 pm Real Life Pup

### Thursday, Sept. 2 to Sept. 30

6:00 pm Manners on the Move (\$145)

### Saturday, Aug. 28 to Sept. 25

10:00 am Tiny Tots

11:00 am RL1

**Vaccination History: Rabies:** \_\_\_\_\_ **DHL/PPV:** \_\_\_\_\_ **Kennel Cough:** \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Waiver: I understand that by attending dog obedience classes I may be putting myself, my family, my dog and any guest, who may also attend, in a situation not without risk. Some of the dogs that I/we may be exposed, to could be hard to handle and could cause injury even when handled with the utmost care. I will assume all risk of any injury or damage resulting from the actions of any dog including my own while in a class, on the grounds of club canine, or any surrounding area, or when attending any training function. I understand that I am responsible for furnishing written proof of current Rabies, distemper and Kennel Cough vaccinations if asked. I understand that at any time my dog is in contact with other animals it may expose him/her to a minimal risk of communicable diseases. I hereby waive and release the instructors, Club Canine, their agents and employees from any and all liability, damage or illness that I or my dog may incur, while attending the training classes.

**Notes:**

- ✓ All classes are \$125 for 5 weeks (unless otherwise stated) and include support materials
- ✓ A \$25 deposit is required to hold your spot (unless paid in full)
- ✓ Full Payment is required even if a class is missed
- ✓ \$25 cancellation fee is applied if you must cancel within 1 week of beginning date

Signature: \_\_\_\_\_

Office Use: **One Payment:** Cash: \_\_\_\_\_ Check # \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

**Deposit:** Amount: \_\_\_\_\_

Date: \_\_\_\_\_





**REGISTRATION FORM**  
Session starts August 27, 2010

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Each class requires a minimum of 4 dogs to run.

**Friday at CVHS, Aug. 27 to Sept. 24**

6:00 pm      Real Life 1

7:00 pm      Real Life 2

**Vaccination History: Rabies:** \_\_\_\_\_ **DHL/PPV:** \_\_\_\_\_ **Kennel Cough:** \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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Card # \_\_\_\_\_                      Exp: \_\_\_\_\_                      Code: \_\_\_\_\_

**Deposit:**      Amount: \_\_\_\_\_

                    Date: \_\_\_\_\_