

For SMKC use

Session ID

Date Paid:	Amount Paid:	Check	Cash	Other
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# SOUTHERN MARYLAND KENNEL CLUB

## Training Class Registration Form

Three items are **REQUIRED** to attend class and must be brought the **FIRST** night.

1. A copy of your dog's vaccination record showing dates of at least 2 DHLPP shots and a Rabies inoculation.
2. A check for \$85.00 payable to SMKC.
3. A signed waiver (see page 2 of form)

Name of Owner/Handler: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Information – Please indicate preferred phone by checking box:

Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_

Cell \_\_\_\_\_  Other \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

### DOG INFORMATION:

Call Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Male or  Female - Spayed or Neutered?  Yes  No

Previous Training Experience: \_\_\_\_\_

### CLASS REGISTRATION: (First and second can be used for 2 dogs or 1 dog training at both times)

<u>First Registration</u>		<u>Second Registration</u>	
Conformation		Conformation	
Basic Obedience		Basic Obedience	
Open Obedience		Open Obedience	
Rally		Rally	

**OUR INCLEMENT WEATHER POLICY: Classes follow Charles County Public School Closures**

BE SURE TO SIGN, DATE AND RETURN RELEASE FORM (page 2) AS WELL –

# **SOUTHERN MARYLAND KENNEL CLUB**

## **Waiver:**

**I, \_\_\_\_\_, do hereby release Southern Maryland Kennel Club and /or the training class instructors from any liability, obligation, or responsibility resulting from participation in the class/classes and knowingly assume all risks involved to myself, my animal(s), my personal property, or otherwise.**

**SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**SIGNATURE OF PARENT/GUARDIAN (if applicable):**

\_\_\_\_\_

Return to Betsy Parbuoni, P O Box 577, Port Tobacco, MD 20677  
Phone: 301.934.8910  
Email: [\*\*hrrascal@gmail.com\*\*](mailto:hrrascal@gmail.com)