

UPPER SUNCOAST DOG TRAINING CLUB, INC.
2101 Logan Street • Clearwater • FL • 33765
727-23-UPPER (87737)
www.usdtc.org



CLUB USE ONLY

WAIVER ROSTER VACCINES
CHECK#: DD/CARD:
AMOUNT: REC'VD:

REGISTRATION FOR STRUCTURED CLASSES

Please refer to web site for current class offering, pricing, schedules, and availability.

PAYMENT MUST BE INCLUDED WITH YOUR REGISTRATION OR YOU WILL NOT BE PLACED IN A CLASS

Name of The Class You Would Like To Attend: _____

Day Of Week Class Takes Place: (circle one) MON TUE WED THU FRI SAT SUN

Class Start Time: ____:____ AM / PM

Class Start Date: ____/____/____ (MM/DD/YY)

Owner Name: _____ Are You A Club Member? N / Y

Handler Name If Different: _____ (UNDER 18 MUST BE ACCOMPANIED BY ADULT)

Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____ HOME / WORK / CELL Alternate Phone: (____) _____ - _____ HOME / WORK / CELL

Email (Confirmations Will Be Sent Via Email): _____

Does The Person Handling The Dog Have Any Special Needs? YES / NO

If yes, please explain: _____

Dog's Name: _____ Sex: _____ Birthdate/Age: _____

Breed Of Dog: _____ How Long Have You Had This Dog? _____

Does Your Dog Have Any Behavior Issues? YES / NO

If Yes, Please Explain: _____

....WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS....

I understand attendance of a Dog Training Class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed to may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I agree not to bring any sick dogs into the building or on the grounds and to do so will result in the removal of myself and my dog without refund.

I hereby waive and release Upper Suncoast Dog Training Club, Inc., it's members, officers, owners and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session or other function of USDTC, or while on the training grounds, building or the surrounding area thereto.

In consideration of and as an inducement to this acceptance of my training application by this Club, I hereby agree to indemnify and hold harmless USDTC, Inc., it's members, officers, owners and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or other function of this Club or while on the grounds, in the building or the surrounding area thereto as a result of any action by any dog.

SIGNATURE: _____ DATE: ____/____/____

(IF UNDER 18, PARENT'S SIGNATURE IS REQUIRED & PARENT MUST BE PRESENT DURING CLASS)

Dogs entering classes must be current on vaccinations. Proof of Rabies, Distemper, Parvo & Bordetella must be presented. You may enclose a copy of proof with your registration OR you may present it when you attend your first class. If you have trained with us recently & records are on file, initial here _____