

Class Registration Form
Please print a hard copy of this form

Mail Checks to

Shelly Wallace
c/o Canine Career Center
34669 Roberts rd
Eastlake, oh 44095

Please make all check out to Canine Career Center

One form per dog Please print all information

Class Name	Date / Time of class	Fee	Instructor
		\$	

Owner/Trainer Information (Please fill out)

Dog Information

Date:	Email Address:
Name:	
Address:	
City:	Zip:
Phone:	
Dog's name:	
Breed:	
Age:	
Sex:	Spay/Neutered:
Up to date on Vaccines	Vet's Name: Vet's Ph. #
Returning Student []	New Student []
How did you hear about us?	

PLEASE READ BEFORE SIGNING - No refunds unless it is a medical problem or emergency

Liability Waiver:

I (we) acknowledge that this application for the entry of this dog is made available to me (us) for training in the classes of canine career center (herby ccc) that I (we) agree that this facility has the right to refuse the entry of this dog and/or they reserve the right to dismiss the dog and myself for cause which CCC deems to be sufficient.

In consideration of the acceptance of this and the opportunity to train my dog(s), attend seminars or private lessons, I (we) agree to hold the CCC, its instructors, any and all persons associated with CCC, and the building and property owner harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog or dogs while in or upon the premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim for damage or injury to the dog or myself, either physically or mentally, whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of the CCC while in or upon the premises of the CCC building or grounds. The terms of this agreement bind the parties for the current period of training, returning students, classes/private training, events or workshops/seminars in which they participate.

Signed: _____ Date: _____