



SOTC Class Registration Form


USE ONE FORM PER DOG PER CLASS. Please print. Send this form, with payment and vaccination records, to the Registrar:

(make checks payable to SOTC)

VACCINATIONS. Enclose proof (photocopy) of your dog's most recent vaccinations (rabies, DHL, and Parvo). No class will be reserved unless this form is accompanied by BOTH payment in full and proof of dog's current vaccinations. If your dog is due for a rabies booster within 30 days of start of classes, it must be given that shot prior to the start of classes. Puppies on initial vaccination schedules are the only exception.

REFUNDS/CREDITS. If you contact SOTC to cancel your enrollment before the first day of your class, you will receive a full refund. No refunds or credits will be given after the first day of class.

DOGS WHOSE BEHAVIOR IS DANGEROUS TO OTHER DOGS OR HANDLERS WILL NOT BE PERMITTED IN CLASS

 SOTC USE ONLY
Session
Date rcvd
Class
Instructor

TRAINER	Person who will train the dog in class <i>(one name only)</i>			SOTC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dog's owner <i>(if different from trainer)</i>			SOTC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	May we contact you by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address		
	Mailing address		City	State NY	ZIP+4
	Day phone		Evening phone		Cell phone
	Emergency contact			Emergency phone	
DOG	Call name		Breed		Birth date <input type="checkbox"/> M <input type="checkbox"/> F
	Dog's name as it should appear on diploma <i>(Puppy, Basic, and Intermediate classes)</i>			Date (mo/yr) last vaccinated:	
			Rabies		DHLPP
	Has dog been trained before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where / what was the last class?		
	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last instructor?		
If registering more than one dog in same class, is this your priority dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		Problem areas?			
CLASS	Include name of class and time slot (day/time/start date), or use abbreviation from Course Offerings				PAYMENT <i>(check one)</i> <input type="checkbox"/> Check/MO #: <input type="checkbox"/> Cash <input type="checkbox"/> Points <input type="checkbox"/> Other: Fee enclosed (\$) or number of points paid:
	Name of class		Time	Start date	
	Time slot 1st choice <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Time	Start date	
	Time slot 2nd choice <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Time	Start date	

SOTC LIABILITY RELEASE To be signed by dog's trainer and owner (if different from trainer) and parent of trainer under 18 years of age

I understand that training a dog is not without risk to me or my dog in the form of injury; and in consideration of training my dog, I expressly assume this risk and hereby waive and release The Syracuse Obedience Training Club Inc., its employees, officers, members, and agents and the club's Landlord from any and all liability of any nature for injury or damage my dog may suffer as a result of being trained or of any action in connection therewith.

I also understand that my attendance at dog training classes is not without risk to me, members of my family or guests who may attend, or my dog because some of the dogs to which I may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. In consideration of training my dog, I expressly assume this risk and hereby waive and release The Syracuse Obedience Training Club Inc., its employees, officers, members, and agents and the club's Landlord from any and all liability of any nature for injury or damage resulting from the action of any dog.

Furthermore, in consideration of training my dog, I agree to indemnify and hold harmless The Syracuse Obedience Training Club Inc., its employees, officers, members, and agents and the club's Landlord from any and all claims by me or claims by any member of my family or any other person accompanying me to these training classes as a result of any action of any dog, including my own.

TRAINER'S SIGNATURE _____ DATE _____ OWNER'S SIGNATURE *(if different from trainer)* _____ DATE _____

PARENT / GUARDIAN *(if trainer is under 18 years of age)* _____ DATE _____ WITNESS INITIALS _____