



# MT. NITTANY DOG TRAINING CLUB CLASS REGISTRATION FORM - TRACKING

◆ Please fill out the registration form completely and **print clearly.**

- ◆ Read and sign the other side of this registration form.
- ◆ Registrations are taken on a first come basis.
- ◆ **Include copy of vaccination records with vaccinations highlighted and your check.** Mail to **Sandy Roth, 1201 Deerfield Dr., State College, PA 16803**

Club Use Only	
CLASS	_____
DATE	_____
DHLPPCVK	_____
RABIES	_____
AMT PAID	_____
_____ Nonmember	_____ Member

CLASS DESIRED \_\_\_\_\_

DAY \_\_\_\_\_ AM / PM

NAME OF OWNER (S) \_\_\_\_\_

NAME OF HANDLER \_\_\_\_\_  
(IF NOT SAME AS ABOVE)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE \_( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ NEUTERED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
*(Please note that females in heat are not permitted in the building or to participate in classes)*

VETERINARIAN: \_\_\_\_\_

HAVE **YOU** HAD ANY FORMAL TRAINING WITH A DOG BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO.  
IF YES, WHERE AND WHEN:

\_\_\_\_\_  
\_\_\_\_\_

HAS **THIS** DOG HAD ANY FORMAL TRAINING? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, WHERE AND WHEN:

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WE SHOULD KNOW ABOUT?

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR DOG HAVE ANY PHYSICAL PROBLEMS/FOOD ALLERGIES?

\_\_\_\_\_  
\_\_\_\_\_

WHAT THINGS DO YOU HOPE TO ACCOMPLISH IN THIS CLASS?

\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR OF OUR CLASSES? \_\_\_\_\_

**PLEASE READ AND SIGN OTHER SIDE**

**AGREEMENT TO HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK**

I hereby agree to participate in activities of, and hereby agree to abide by the rules and regulations of the Mt. Nittany Dog Training Club, hereafter known as MNDTC. I understand that attendance of a dog training class is not without risk to myself, members of my family or guest who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release MNDTC, its members, officers, employees, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training class or other function of MNDTC or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this dog training class, I hereby agree to indemnify and hold harmless MNDTC, its members, officers, employees, 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 function of MNDTC, or while on the training grounds or the surrounding area thereto as a result of any action by any dog, including my own.

\_\_\_\_\_  
Signature of Owner or Handler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or legal guardian (if handler is under 18)

\_\_\_\_\_  
Date

***Minors must be accompanied by a parent or legal guardian at all times.***

Visit our website at [WWW.MNDTC.ORG](http://WWW.MNDTC.ORG)