



**THE DOG TRAINING CLUB OF BERMUDA
APPLICATION FOR BEGINNER RALLY SIX WEEK COURSE
“TEACHING YOU TO TRAIN YOUR DOG”**

Must have completed Life Skills 1 or Equivalent.

NAME:

Mr/Mrs/Ms

Mailing

Address: _____

Telephone: _____ Home _____ Work E-

Mail _____

Breed of Dog _____ Sex: M F Call Name of Dog:

Age of Dog (birth date if known) _____

License Number: _____ **(REQUIRED)**

Is your goal to have a well trained dog?

And/or entering agility and obedience trials?

**HEALTH REQUIREMENTS – PUPPIES AND DOGS MUST HAVE UP TO DATE
VACCINATIONS OR TITERS TO BE ENTERED IN THE CLASS, MUST INCLUDE
PARVO VIRUS SHOTS.**

VACCINATION RECORDS MUST BE PRESENTED AT SIGN UP.

In consideration of your acceptance of this application, I hereby waive all claims for any loss or damage whatsoever which I or my dog may suffer arising out or in connection with the classes pertaining to “TEACHING YOU TO TRAIN YOUR DOG”, and I hereby agree to indemnify The Dog Training Club of Bermuda, its officers and agents against any costs, actions, proceedings, claims or liabilities arising from the conduct or action of my dog or myself.

DATE: _____ SIGNED:

To be signed by parent of guardian if

handler is under 21 years of age

Please note, to confirm your space, class fees must be received prior to the beginning of the class session. Transfers made to The Dog Training Club of Bermuda, HSBC BDS 010-172856-001. Please write your name and Rally in memo section. Email form to info@dogtrainingclubbda.org

DOG ADOPTED FROM SPCA \$100 DTC MEMBER \$100 NON-DTC MEMBER \$120

CLUB USE ONLY:

CLASS _____ FIRST TIME _____ SECOND +

FEES PAID _____ OWES _____ CLUB MEMBER

VACCINATION CERTIFICATE _____ SEEN _____ NOT SEEN