



APPLICATION FOR TRAINING

Registration Check List:

You will need to attach the following documents to register for this class:

- A copy of the current rabies certificate – issued and signed by a veterinarian
- A copy of current shot record receipt printout issued by a veterinarian – or the DHLPP certification form (if shots are given by someone else other than a veterinarian)

Owner / Handler Information

(Please Print Legibly)

Name: _____

Age (Only if under 18): _____ * (Parent/Guardian must sign application, if a minor)

Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Email address: (optional) _____

**** Do you have any medical conditions or require special accommodations to participate in the class being offered by Churchill County Parks & Recreation? Yes _____ No _____**

If yes, please state: _____

Dog Information:

- Dog's Call Name: _____
- Breed: _____
- Dog's Age: _____
- Male or Female (*Circle one*)

APPLICATION FOR TRAINING - Continued

I, the undersigned, agree to hold Churchill County, employees, members and/or any other persons or organizations connected therewith, harmless and free from all liabilities or suits, claims or demands of every kind and character arising out of, and in connection with the **Dog Obedience Program** offered by Churchill County. I understand that attendance of a **Dog Obedience Program** is not without risk to myself, members of my family, guests who may attend, or my dog, because some of the dogs to which I 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 further certify that I have no ailment or organic defect that would make participation in this program dangerous to my health.

In case of an emergency, accident or serious illness, I hereby authorize Churchill County and the **Dog Obedience Program** Representative(s) to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

Initials **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be Included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this program.

Initials I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, for any reason, by my bank or financial institution.

Signature of Applicant

Date

Last Dog Vaccination Dates:

- Veterinarian Name/Company: _____
- Date most recent rabies shot was issued: _____
- Rabies Tag #: _____ (Attach a copy of rabies certificate)
- Date most recent DHLPP shots were issued: _____
(Attach a copy of the shot record or the DHLPP certification form)

In case of emergency, contact:

Emergency Contact Name: _____

Emergency Contact Phone: _____

