



**Simply
Paws-itive**
obedience • agility training

Linda Murray

250.367.7211

www.simplypawsitive.ca

lmurray@netidea.com

Site 6 Comp 16 SS-1 Fruitvale, B. C. V0G 1L0

Class Registration Form

Please fill out one registration form for each dog you are registering

Owner's Name _____

Other Family Members Participating in Class _____

Mailing Address _____ Phone _____

Postal Code _____ Email _____

Dog's Name _____ Dog's Breed _____

Dog's Age _____ Sex _____ Spayed/Neutered? _____

Class (PuppySmart, Basic, Intermediate, Advanced or Agility) _____

Class Location (Nelson, Castlegar, Warfield etc.) _____

What do you hope these classes will do for you and your dog? _____

Where did you hear about these classes (Please be specific) _____

PLEASE NOTE: PROOF OF VACCINATION MUST BE PRESENTED AT THE FIRST CLASS OR YOUR DOG WILL BE EXCUSED. NO EXCEPTIONS!

WAIVER:

I (please print name) _____ agree to place no blame, now or in the future, on Linda J, Murray or any of her representatives, for any injuries to me, any family members, or my dog while taking part in any classes or other activities associated with classes. I further agree, on behalf of myself and my family members to assume complete and sole responsibility for any and all actions of any dog brought on to the premises by myself or any member of my family. I realize that working with dogs can be hazardous and that dogs can be unpredictable.

Signed _____

Date _____