4RK9's Dog Training Club
Nosework Class Registration Checklist
www.4RK9s.com   319-366-5668

INSTRUCTIONS

  Make sure you remember to:

☐ Fill out and sign registration form below.

☐ Include check **PAYABLE TO 4RK9s** for class.

☐ Include a copy of your latest vaccination certificates for rabies AND parvo AND distemper shots from veterinarian.   These records are required by rules of the State of Iowa and you must submit a copy even if you have submitted one for previous classes.

Send Registration Information to :

4RK9s Nosework Coordinator
2956 160th Street
Riverside IA 52327

Address above is only to send Registration Information.
Address for Classes :

4RK9s
910 2nd Ave SW
Cedar Rapids, IA 52404

Ways to Fill out Registration

1 You can print this blank form and fill it out by hand and sign.
2 Some Browsers will let you fill it out while viewing on your computer. Once filled out; print and sign.
3 You can download and save and use Adobe Reader to fill out then print and potentially save.

4RK9's Dog Training Club

Iowa Animal Welfare License #9437

Nosework Class Registration Form

INSTRUCTIONS

Complete this form and mail together with a check for the class fee payable to 4RK9s Dog Training Club and copies of vaccination certificates for rabies, parvo and distemper to:

4RK9s Nosework Coordinator
2956 160th Street
Riverside IA 52327

Class size is limited to provide ample attention to each handler and dog. Register early! Your payment will reserve your spot in the class. You will be contacted immediately if the class is full. You will receive a reminder approximately one week prior to the start of your class.

Bring to class: a 6 ft leather (preferred) leash, lots of soft training treats, a water bowl, and a positive attitude! NO FLEXI-LEADS are allowed for class training.

FEE SCHEDULE

Class	Member Price	Non-Member/Inactive Member Price
6 Week Class	$90.00	$120.00
4 Week Class	$60.00	$80.00

Class Title: _____   Class Start Date: _____

Handler's Name: _____   Dog's Name: _____

Street Address: _____ City: _____ State: ____ ZIP: _____

Phone: _____ E-Mail : _____

Most instructors prefer an e-mail address for communication with students pertaining to the class and for class confirmation. Please indicate if you require telephone. ☐

Breed: _____ DOB: _____ Sex (M/F): ____ Spayed/Neutered: ☐

What do you hope to accomplish through this class? _____

What previous dog training experience do you and/or your dog have (recent classes taken)? _____

Have you previously shown in a trial or plan to? If planning to soon, where and when? _____

How did you find out about this class? _____

☐ Please check here if you do not wish to receive email information from the club at the conclusion of this class.

VACCINATION CERTIFICATES

You MUST provide a copy of your rabies and distemper combo (distemper and parvo) vaccination together with this form regardless of how many previous classes you have attended at 4RK9s. This information is required by regulations of the State of Iowa.

Date of Most recent Rabies Vaccination: _____ Date Next Due: _____

Date of Most recent Distemper and Parvo Virus Vaccination: _____ Date Next Due: _____

LIABILITY WAIVER

I agree by my signature to hold 4RK9's, its members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal or things by this dog while in or upon the premises or near the entrance thereto.

I personally assume all responsibility and liability for any such claim. I further agree to hold aforementioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage or injury or any other causes. I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training grounds.

To the best of my knowledge this dog is free of any contagious or potentially contagious diseases.

Signature:_____   Date:_____