



South Paw Obedience Training, LLC

Class Registration Form

Please complete and return this form, along with a check payable to South Paw Obedience Training to:

South Paw Obedience Training
784 Baldwin Dr.
Arab, Al 35016

Contact Kitty or Jim Thompson at: 256-586-0234

Class Name: _____ Start Date of Session: _____

Day (Circle one) Mon Tues Wed Time: _____

Class Registration Information	<u>For SPOT Use Only</u>
<p>Note: Please Print All Information</p> <p>Owner's Name: _____</p> <p>Handler's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: (____) _____</p> <p>E-Mail Address: _____</p> <p>Dog's Call Name: _____</p> <p>Breed: _____</p> <p>Age of Dog: _____ Sex: M F</p> <p>How did you learn about South Paw Obedience Training? _____</p> <p>_____</p>	<p style="text-align: right;">Date: _____</p> <p>Class: _____</p> <p>Student: New <input type="checkbox"/> Previous <input type="checkbox"/></p> <p>Payment Amt. \$ _____</p> <p>Cash <input type="checkbox"/> Check <input type="checkbox"/></p> <p>Credit Card <input type="checkbox"/></p> <p>Shot Record: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

Intending to be legally bound I hereby, the undersigned, agrees and does hereby release from liability and to indemnify and hold harmless South Paw Obedience Training (SPOT), and any of its employees or agents representing or related to the South Paw Obedience Training (SPOT) as regards to the South Paw Obedience Training Center (SPOT) operations. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations by South Paw Obedience Training (SPOT). The undersigned further agrees to abide by all the rules and regulations promulgated by South Paw Obedience Training (SPOT) throughout the operations of South Paw Obedience Training Center (SPOT) and upon any breach committed by my dog, or any authorized handler, or by myself, my dog shall at the option of South Paw Obedience Training (SPOT) or its representative, be withdrawn from the program in progress.

Handler Name

Date Signed

Signature of Handler

Signature of Parent/Guardian (if under 18)