



Training Class Application

Class: _____ Time: _____ Date of 1st Class: _____

Name of Dog: _____ Age of Dog: _____

Breed: _____ Sex: _____

Name of Applicant: _____ Telephone #: _____

Email Address: _____

If under 18, Age: _____ Name of Parent: _____

Address: _____ City, State, Zip: _____

Neutered? _____ Rabies Vaccination Date: _____ DHHP Vaccination Date: _____

WAIVER OF LIABILITY

I, the undersigned, certify and represent that the dog named above has been vaccinated on the dates set forth above and is not a hazard to persons or other dogs. Further, I agree to hold Gavilan Kennel Club and its representatives harmless from any claims or loss or injury to my dog, myself or any of my guests, alleged to have arisen from attendance at these classes. I assume all responsibility for my children. I have read and understand the conditions of this waiver and agree to abide by the policies of Gavilan Kennel Club.

Signature: _____ Date: _____

(Children under 18 may train ONLY with parent signature and approval of the instructor.)

PLEASE MAKE CHECKS PAYABLE TO **GKC**

**TO INSURE SPACE IN A CLASS,
MAIL THIS APPLICATION TO:**

GKC

P.O. Box 2730
Gilroy, CA 95020

For Obedience Information

Call Kate Rogers
(408) 835-6228

Dance_95008@yahoo.com

Website:

www.gavilankc.org

Office Use Only:

Fee Paid: \$ _____

Received By: _____

How Paid: _____

Vaccinations: _____

How did you hear about us?

Web: _____ Vet: _____ Friend: _____

Other: _____