

SKYLINE AGILITY REGISTRATION FORM

IMPORTANT Please mail in the following with this registration form: **waiver** on the 2nd page of this form – **signed** and a **copy of your dog’s rabies vaccination**. Complete the **Dog Questionnaire** if you have not taken a class with Skyline in the last 12 months. We need this information about your dog in advance. Please print clearly and **use one form per dog**. Registration Forms should be returned ASAP.

Please note the only approved footwear for running your dog in class is athletic footwear.

In the event that you cannot attend your class, you may do a “make-up” in another class if space permits. Make-ups must be done during the present class session. You must notify the instructor prior to making up a class. No refunds or credits once class is in session. Refunds before the session starts may be given only if requested in writing and may be subject to a 20% processing fee.

BAD WEATHER ?? In the event of snow or inclement weather, your instructor will notify you in the event of cancellation

Please read:

1. Students must have forms and payment received by the class registrar prior to classes starting, or the student will Not be able to take class until signed forms are submitted and fees have been paid.

2. Please realize that a certain number of students must be signed up and paid for, for a class to go. Drop in students do not count towards the class number when trying to decide if enough students have signed up. If you want to do drop ins, please contact registrar at least day prior to see if there is room.

3. You agree by signing below to adhere to the 5 mph drive in and out Tetz Lane , while going in and rounding the corner by the house with stop sign all the way to the barn, and on the way out, all the way to the bend by the house with the stop sign.

4. Please also note that there will be a \$20 fee for any checks returned by our bank for any reason such as “insufficient funds”.

Please mail this form with your check made payable to **Skyline Agility Club Inc.** to: Marcia Garstin, M.S. 33 Evergreen Street, Waldwick, NJ 07463. marciagarstin@yahoo.com or 201-264-5756 for questions. **Confirmations will be emailed or telephoned**

Handler’s Name: _____

Address: _____

Phone number (Evening) _____ **Cell** _____

Email address: _____

Dog’s Name: _____ **Breed / Age:** _____

Date of dog’s last rabies vaccination _____ **Name of vet** _____

Please see the attached class and fee schedule. For full description of all classes please see description page. Any dog that has never been in an agility class will start in beginners regardless of age. If you need help in selecting your next class, please contact either your previous Skyline instructor or e-mail marciagarstin@yahoo.com.

CLASS SELECTION:

First choice: Day: _____ **Time:** _____ **Class:** _____ **Fee:** _____

Second choice: Day _____ **Time:** _____ **Class:** _____ **Fee:** _____

What was the last agility class you participated in with this dog and where?

SKYLINE AGILITY CLUB INC.

Covenant and Assumption of Risk

I understand that my attendance and participation at any Skyline Agility Club, Inc. ("Skyline") class or agility trial is not without risk to myself, my dog(s) or any family member or guest who might be present at such function. Some dogs to which we might be exposed may be difficult to control or conceivably be aggressive towards other canines, and may be a cause of injury even when handled with care.

I further understand that agility obstacles and courses, by their inherent nature, pose potential hazards to dogs and handlers, even when pursued with care. I have examined and am familiar with the Skyline training facility, its obstacles and surrounding area and agility course, and assume all reasonable and customary risks incidental thereto.

I hereby agree not to make any claim for injury of any nature which I or any family member may sustain by reason of the foregoing participation, and agree not to make any claim for injuries or damage to me, my family or dog, unless brought about due to gross negligence of Skyline, its agents, members, representatives or employees (if any).

In further consideration of the foregoing and as an inducement to my participation in a Skyline Agility training class or a Skyline sponsored agility trial, I do hereby agree to indemnify and hold harmless and make no claim against any Skyline members, agents, representatives or employees (if any), except to the extent that any injury is brought about by the gross negligence of Skyline, or such members, agents, representatives, etc. I covenant and agree to make no claim against Skyline or any of its members or representatives unless such injuries are brought about by gross negligence, as aforesaid. This agreement, which I have read and understand, is not to be construed as a release, but as a covenant not to sue in the absence of gross negligence, as aforesaid.

Dated: _____

Victoria Farms, Middletown, New York

Signature of Owner (Print Name)

Signature of Handler (if Different from Owner) (Print name)

Signature of Parent or Guardian for Handler under 18 years of age

DOGQUESTIONNAIRE

If you have not attended a Skyline Agility class in the last **12 months, you must** complete and return this questionnaire with your registration form. Your dog and others will be off leash and very excited. For everyone's safety it is **vital** that you think carefully about how your dog may react in this situation. Our instructors are here to help you but can only do so with the correct information.

Owner's name _____ Dog's name _____

1. What obedience training have you done with your dog? _____

2. Will your dog reliably: (please check) Come _____ Sit _____ Down _____ Stay _____

3. When your dog is off leash and excited in class, what concerns do you have? (please check)

- a. Your dog will run away from you and hide _____
- b. Your dog will run over and sniff other dogs _____
- c. Your dog will want to play with other dogs _____
- d. Your dog may act dominantly to other dogs e.g. hackles up, stiff tail _____
- e. Your dog may act aggressively e.g. growl, bite _____
- f. Your dog may act aggressively to people if touched by a stranger _____
- g. Other (please describe) _____

4. What fears does your dog have? (please check)

- a. Nervous of other dogs _____
- b. Nervous of people e.g. men, being held by the collar _____
- c. Frightened of strange objects e.g. lamp poles, couches _____
- d. Frightened of sounds e.g. loud bangs, shouting _____
- e. Other (please describe) _____
- f. None _____

5. Has your dog ever bitten? (please check)

- a. No _____
- b. Yes, the handler _____
- c. Yes, another person _____
- d. Yes, another dog _____

If yes, please explain _____

6. Have you or your dog had any previous agility training? _____ If yes, tell us where and at what level.
How long ago was this training? _____

7. How did you learn about Skyline Agility Club? _____

8. Does your dog have any health concerns or is it overweight? _____

9. What is the expiration date of your dogs rabies vaccine? _____

The above information is truthful to the best of my knowledge.

Signature

Date