

**MATTAPONI KENNEL CLUB
AGILITY REGISTRATION FORM**

Name:					
Address:					
City:		State:		Zip:	
Email:			Telephone No:		
Work No:			Cell No:		
Handler name:			Age of handler if less than 18?		
Dog's Name:		Breed:		Dog's Age:*	
				(years/months)	
Date of last Rabies shot:*		Date next rabies shot is due:			
Briefly describe Dog's agility experience, MKC classes and date attended, if the dog attended an MKC class, what class did the instructor recommend you move forward to? **					
* Current rabies certificate must accompany the registration package. Students should follow their veterinarian's recommendation to ensure their dogs are free of internal and external parasites as well as any communicable disease and have appropriate vaccinations.					
Class Request (List class name, day of the week offered and time)					

Mattaponi Kennel Club's Agility Assumption of Risk and Agreement to Hold Harmless

I understand that attendance of a dog agility training event is not without risk to myself, members of my family, guests who may attend, or to my dog, because some of the dogs to which I (we) may be exposed may be difficult to control and may cause injury even when preventative measures are taken. I hereby waive and release the instructors, members and guests of the Mattaponi Kennel Club from any and all liability of any nature, for injury and damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or club event or while on the training grounds or the surrounding area thereto. In consideration of and as an inducement to the acceptance of my application for membership or my participation as a guest in this agility class, I hereby agree to indemnify and hold harmless the instructors, members and guests of the Mattaponi Kennel Club from any and all claims, or claims by any member of my family or any guest that may accompany me to club events, as a result of any action by any dog, including my own.

Signature: _____ Date: _____

Signature of handler or signature of parent/guardian if handler is under 18

Make checks payable to Mattaponi Kennel Club (Or MKC), mail signed registration form, payment, and proof of current rabies shots to: Aly Garcia; 7325 Elmwood Drive; Falls Church, VA 22042. Telephone: 571-331-4541 Email: alygarciamad2@gmail.com

Registration Packages must include rabies certificate, payment in full, and signature to be processed.

One registration form is required for each dog you wish to enroll in class.

Class information and confirmation will be sent via email.

Students new to Mattaponi or handlers under 16 may be requested to undergo an evaluation prior to start of class to ensure they are entered in the appropriate level of training. Dogs must be at least 8 months of age to attend the Beginner class.

Individuals who do not use email must provide a self-addressed stamped envelope to receive class confirmation.

Classes are \$100.00 and include a \$10.00 processing fee. Fees will not be refunded unless a dog is injured or a bitch comes in season after the third class. Refunds for up to the third class will be prorated at \$15/night plus the registration fee.

Check the Mattaponi Kennel Club Web Site for registration opening and closing dates.

Forms that arrive before the opening registration date will be returned.