

**MATTAPONI KENNEL CLUB
AGILITY REGISTRATION FORM**

Name:		
Address:		
City:	State:	Zip:
Email:		
Primary Telephone No.		Alternate No.
Handler name:		Age of handler if less than 18?
Dog's Name:	Breed:	Dog's Age:*
Date of last Rabies shot:*	Date next rabies shot is due:	
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.		
Briefly describe Dog's training experience. Include any prior Obedience or Agility classes. If MKC, class name, and indicate if instructor agreed team is ready to move forward:		
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: Becky Grant 703-369-3487; 9430 Waterford Dr.; Manassas, VA 20110; becky1grant@verizon.net

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 unless the student provides a stamped self-address envelope.

If notification of receipt is not received within 5 days after registration is sent, contact the registrar.

Handlers under 16 with no prior experience must undergo an evaluation prior to start of class to ensure they have proper control of the dog.

Dogs must be at least 8 months of age to attend the Beginner class.

Classes are \$100.00, this includes a \$10.00 processing fee.

Bitches in season and injured dogs are not allowed to attend class. The handler for these dogs is eligible for a partial refund if the BIS or injury occurs in the first four weeks of class. Refunds are prorated at \$15.00 per the number of classes remaining in the session. Proof of injury or BIS must be provided to the registrar.

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

Priority for classes the first week of registration is: Mattaponi Agility Dog Trainers followed by Mattaponi Kennel Club Members followed by the General Public. All registrations received after the first week are processed in order of receipt.