



Puppy Kindergarten Class Registration Form

Location: Auke Bay Elementary School, covered playground behind school.
Date: Tuesday nights: July 20, 27, Aug 3, 10, 17, 24.
Time: Class will meet 6:15 - 7:15 PM
Instructor: Hazel Reynolds
Cost: Class: \$80.00 for non-members; \$50.00 for CKCoJ members.
Details: Registration form and payment ***must be received by July 17th***. Please mail registration form and payment to: Hazel Reynolds, POB 32112, Juneau, AK 99803. **Space is limited to the first ten registrations and will be taken in order of the date received.**
 This class is for **puppies 12 weeks to 6 months old.**
For More Info: Email heyz@acsalaska.net or phone 789-1157

About You (the Handler):

Name		Age (if under 18)
Mailing Address		
email	Phone	Days Evenings

About Your Dog:

Name		Breed		
Age	How long owned?	Sex	Spayed/Neutered?	Shots current?
Where did you get your dog? (breeder, GHS, pet store, friend, etc.)				
Are there any specific problems you are having or questions that you'd like to see addressed?				
PAYMENT:		<ul style="list-style-type: none"> • Please mail registration form and payment to: Hazel Reynolds, POB 32112, Juneau, AK 99803 • Make check payable to: Capital Kennel Club of Juneau 		
Amount Enclosed \$ _____				

CAPITAL KENNEL CLUB OF JUNEAU WAIVER OF LIABILITY

I understand participating in events held or sponsored by the Capital Kennel Club of Juneau may include potentially hazardous activities. I assume all risks, which include falls, contact with other participants, the weather, the road or trail conditions and traffic. I assume all risks associated with participating in any/all events held or sponsored by the Capital Kennel Club of Juneau. I hereby release the Capital Kennel Club of Juneau of any and all responsibility for damage or personal injury that may occur as a result of participating in an event.

I also certify and represent that my dog(s) is/are not a hazard to other dogs or persons, is/are current on all puppy and booster vaccinations, and rabies vaccinations according to state law. My dog(s) is/are in good health. I accept personal responsibility for any and all actions my dog(s) makes.

Signature _____ Date _____

Printed Name _____

Any handler under age 18 must have the permission and signature of a parent or guardian. Capital Kennel Club reserves the right to reschedule or adjust any class without notice. However, every attempt will be made to contact you in this event.

Signature of Parent or Guardian _____ Date _____

Printed Name _____