



PASANITA OBEEDIENCE CLUB, INC.
WWW.PASANITA.COM

MEMBER CLUB OF THE AMERICAN KENNEL CLUB
LIFE MEMBER OF THE PASADENA HUMANE SOCIETY
TRAINING CLASSES CO-SPONSORED BY THE CITY OF PASADENA
RECREATION & PARKS DEPARTMENT

RALLY CLASS APPLICATION

PLEASE PRINT CLEARLY

DATE: _____

OWNER'S NAME _____ PHONE (_____) _____

HANDLER'S NAME (IF DIFFERENT FROM ABOVE) _____ HANDLER'S AGE (IF UNDER 16)*: _____

ADDRESS _____ CITY _____ ZIP CODE _____

EMAIL (CLASS NOTIFICATION ONLY): _____

DOG'S NAME _____ AGE _____ BREED _____

I AGREE TO PAY A FEE OF \$110.00 (\$100.00 FOR PASANITA ACTIVE CLUB MEMBERS) FOR A COURSE OF 6 LESSONS. I HEREBY ATTACH A CHECK PAYABLE TO **PASANITA OBEEDIENCE CLUB, INC.** WITH THIS APPLICATION

I UNDERSTAND THAT FOR THE PROTECTION OF MY DOG IT IS REQUIRED THAT HE BE INOCULATED AGAINST COMMUNICABLE DISEASES. HE/SHE HAS RECEIVED THE FOLLOWING INOCULATIONS:
(DISTEMPER, HEPATITIS, LEPTOSPIROSIS, PARAINFLUENZA, PARVOVIRUS) _____ DHLPP _____ RABIES

I UNDERSTAND THAT NO REFUNDS WILL BE GIVEN AFTER THE FIRST WEEK WITH DOGS. IF THE DOG OR HANDLER BECOMES ILL, THE DOG MAY BE ENROLLED IN THE CLASS IMMEDIATELY FOLLOWING. THERE WILL BE NO EXCEPTIONS TO THIS POLICY UNLESS APPROVED BY THE PASANITA OBEEDIENCE CLUB BOARD OF DIRECTORS. I FURTHER UNDERSTAND THAT THE CLUB MAY DROP ME FROM THE CLASS AT ANY TIME FOR DUE CAUSE, IN WHICH CASE NO REFUNDS WILL BE GIVEN.

***I agree that the above minor handler (16 years of age or under) must be accompanied by a parent or guardian during each lesson.**

I hereby forever waive, release and discharge Pasanita Obedience Club, Inc., its members, officers, directors, employees, agents, independent contractors, trainers, and representatives, and the City of Pasadena, from any and all claims of injury or damage resulting from negligence, whether known or unknown, past, present, or future, to myself, my dog(s), or any dog(s) under my care, custody, or control, arising out of or in any way connected to me or my dog(s) participation in training classes or other exercises.

SIGNED _____
(MUST BE SIGNED BY AN ADULT)

Bring your completed application with you to class or email to:
Mary Kinsler at mary.kinsler@sbcglobal.net

(POC only): Date: _____ Check # _____ Cash _____ Amount \$ _____ By: _____