



Name _____ Date _____

Address _____

Phone _____ Cell _____ Work _____

Email _____ Referred by _____

Dog's Name _____ Breed _____ Age _____ Sex _____

Is this your first dog? _____ Your first obedience class? _____

I want to show my dog in performance competitions _____ I just want to have fun with my dog _____

Handling w Weaves starts Monday March 4th, 2019
Contacts & Sequencing starts Tuesday March 5th, 2019

_____ 7:15-8:15pm Handling w/Weaves (class meets **Mondays** March 4, 11, 18 April 1, 8, 15)

_____ 6:45-7:45pm Teeter & Sends (class meets **Tuesdays** March 5, 12, 19 April 2, 9, 16)

Note: In the event a class must be cancelled, Monday April 22nd and Tuesday April 23rd will be the make up dates.

Fees are: 6 week Advanced and Agility classes \$150

Registration form with full payment is required to reserve your space.

(Checks will not be cashed until the week the class begins)

No refunds will be given after first class & schedule is subject to change.

I attest that any dog I bring on the grounds of these obedience/agility classes is safe around other dogs and people and I understand that any dog that the instructor feels poses a threat will be dismissed, no refunds will be given. **Dogs must be current on vaccinations including rabies, and I understand that Frontline or Comfortis flea/tick preventative is recommended.** I agree to hold Trisha Koetter and/or the owners/lessors of the properties we use harmless from any claims for loss or injury which may be alleged to have been caused directly or indirectly to any person, animal or thing while on the premises or grounds and I personally assume all responsibility and liability for any such claim, and I further agree to hold the aforementioned parties harmless from any claim for loss by disappearance, theft, death, or otherwise, and from any claim for damages alleged to be caused by the negligence of the above mentioned individuals or by the negligence of any person to any other cause or causes. I have read and agree to abide by the above conditions:

Signature of participant (or guardian if a minor)

Return to: Trisha Koetter-Flying Feet Agility -7844 Starlight Rd Floyds Knobs, IN 47119 Phone 502-609-5100

Make checks payable to: Flying Feet Agility

For more information & directions visit our website @ www.flyingfeetagility.com