



The Northern Neck Kennel Club of Virginia, Inc.

Class Registration Form

Please complete this form, attach a copy of your dog's current shot record, a copy of current rabies certificate and your check made out to the NNKC, and send it to:

Beverly Griffith ~ 111 Victoria Lane Heathsville, VA 22473

Class size is limited. Be sure to get your entries in early.

Class	Class Day & Time		
Amount of Check	First Date of Class		
Name	Address		
Phone			
e-mail			
Dog's Name	Dog's Age	Is dog neutered?	Y N
Breed	Male	or	Female
Level of Training (what does dog know? i.e. sit, come, stay, down, etc?)			
Are you a NNKC Club member?	Yes	No	

As A Condition To Acceptance Of This Class Registration This Agreement Must Be Signed *Waiver of Liability for Class Participants at WatersEdge Training Grounds*

I understand that attendance at the NNKC class described above is not without risk to myself, members of my family, my guests who may attend, or to my dog; that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. _____(Initial)

I hold the Northern Neck Kennel Club, its Directors, Instructors and the Owners of the WatersEdge Training Grounds, harmless from any and all liability, costs and expenses arising as a result of this activity, including but not limited to, injury or death of dogs, bodily injury or death to any person and damage to property of any kind. _____(Initial)

I further understand that participants in classes and their guests are expected to abide by the rules and policies set forth by the Northern Neck Kennel Club and the WatersEdge Training Grounds' landowners and agree to abide by those rules and policies. _____(Initial)

As I am bringing a dog onto the training grounds, I have submitted a veterinarian's statement showing that the dog is current on all required Immunizations and Rabies. I also state that this dog does not, to the best of my knowledge and experience, present a threat to other dogs or persons. _____(Initial)

Print Your Name: _____
(Parent or legal guardian if under 18 years old)

Signature _____ Date _____
(Parent or legal guardian if under 18 years old)

For Club Use Only

Club Member: _____ Amount Enclosed: _____ Check # _____ Date: _____

Immunization Checked: _____ Rabies Immunization Date: _____