

**ENROLLMENT APPLICATION  
FOR  
PAWS-ABILITIES DOG OBEDIENCE TRAINING CLASSES**

**TRAINING AGREEMENT AND REGISTRATION REQUIREMENTS:**

I hereby apply for enrollment in the PAWS-ABILITIES dog training class indicated below. As a condition of enrollment, I hereby certify that my dog has received a full series of shots within the last year for the following canine diseases: Distemper, Hepatitis, Leptospirosis, Bordatella and Parvovirus.

A dog must be at least ten months old to enroll in Flyball class.

I understand that the enrollment fee is non-refundable unless I request to drop out of the class, in writing, three days before the class starts. If an emergency arises that causes me to drop out during the class, I may, with the instructors approval, transfer to a later class.

CLASS: CASCADE COMETS BEGINNING FLYBALL      COST: \$75  
DATES: 3/6, 3/13, 3/20, 4/3, 4/17 & 5/8/2010      TIME: 4:10 PM

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX M / F

DOG'S AGE \_\_\_\_\_ SPAYED/NEUTERED? \_\_\_\_\_

PROBLEM (S)? \_\_\_\_\_

I have read and understood the above regarding this application. I hereby certify that I am aware that the training and handling of animals presents a risk of personal injury or property damage to myself, to my animal and to any members of my family. In consideration for being allowed to enroll myself, my animal or any member of my family in the class or training program I hereby assume FULL RESPONSIBILITY for any actions of the dog(s) entered above. I agree to hold harmless and indemnify PAWS-ABILITIES, its owners, and agents, as well as PACIFIC GULF PROPERTIES, INC. and CASCADE COMETS DOG SPORTS CLUB from all liability for personal injury or property damage in any way resulting from enrollment and attendance in this class. Any legal expenses incurred in defense or enforcement of this contract shall be the total responsibility of the owner of the animal.

**READ, UNDERSTOOD, AND AGREED:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Class space is limited; please send in your enrollment form as soon as possible.*

Make Check Payable and  
Send Completed Enrollment Form To:

Cascade Comets  
c/o Sylvia Compher  
14417 162<sup>nd</sup>. Ave. SE  
Renton, WA 98059-7911