



**Training Facility Jefferson County Kennel Club of  
Missouri Inc  
located at 2075 Jennemann Lane  
Arnold Mo 63010**

Please print clearly

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Class Registration**

**Enter the class you are registering for EXACTLY as it is listed on our website**

Name, Date and Time Class starts: \_\_\_\_\_

List any classes you have already taken with THIS dog: \_\_\_\_\_

Dog's Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age at beginning of class: \_\_\_\_\_

Has your dog ever bitten or snapped at anyone: Y / N Been Aggressive towards other dogs Y / N

Class fees enclosed \_\_\_\_\_

**Please make checks payable to JCKC**

**Mail Completed form to: Jefferson County Kennel Club  
Class Registration  
P.O. Box 155  
Arnold Mo 63010**

. For your dog's protection, proof of current vaccinations is required. Include a copy of your dog's shot record with this application

. JCKC may withdraw privileges from any person whose dog is deemed vicious or extremely unruly by the instructor.

**Waiver of Liability:** I have read the JCKC Policies and Training Guidelines understand them and agree to abide by them. For consideration of the acceptance of this registration. I agree not to hold JCKC and the trainers liable for any loss or injury from whatever cause, which may occur upon or within the vicinity of the training premises to 1) said do, myself or any person handling or training said dog on my behalf and 2) to any person, animal or thing which may be alleged to have been caused by said dog, myself or any person handling or training said dog on my behalf. I also understand that any child under 16 must be accompanied by an adult.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature required for acceptance of registration