

**Columbia Canine Sports Center, LLC**  
4506 I-70 Drive SE, Columbia, MO 65201



**Class Enrollment Form**

(Please print or type all information, this form can be filled out online)

**New Student**     **Returning Student (All students please fill out all information!)**

Classes \$95 1st class, \$90 additional classes in same course session\* Nosework \$100, Continuing Nosework \$105

**One Dog Per Form**

Class Name	Date/Time	Fee

*\*Late fee. Enrollments received after Orientation will be assessed a \$10 per class late fee. See the web calendar or email us for Orientation times and dates for each class session. Additional classes can be with same dog or different dog.*

**Owner/Trainer Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (+ 4) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

I agree to be added to the CCSC email list for updates on classes, etc.

**Dog Information (returning dogs need name and changes only)**

Name \_\_\_\_\_ Breed \_\_\_\_\_

DOB (mm/dd/yy) \_\_\_\_\_ Sex \_\_\_\_\_ Vet Phone \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_ Proof of vaccination will be required to enter CCSC Classes.

Health Issues that may affect training (i.e., hip dysplasia, etc.) \_\_\_\_\_

Is this dog aggressive to people? \_\_\_\_\_ Has it bitten a person? \_\_\_\_\_ Specify \_\_\_\_\_

Is this dog aggressive to other dogs? \_\_\_\_\_ Specify \_\_\_\_\_

**Liability Waiver**

*I (we) acknowledge that if this application for the entry of this dog is made available to me (us) for training in the classes of the Columbia Canine Sports Center LLC (hereafter referred to as CCSC) that I (we) agree that this facility has the right to refuse the entry of this dog and/or they reserve the right to dismiss the dog and myself for cause which CCSC deems to be sufficient.*

*In consideration of the acceptance of this and the opportunity to train my dog(s), I (we) agree to hold the CCSC and its employees harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog or dogs while in or upon the premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim for damage or injury to the dog or myself, either physically or mentally, whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of the CCSC while in or upon the premises of the CCSC's classes or grounds.*

*The terms of this agreement bind the parties for the current period of training, and all subsequent classes/training/events in which they hereafter participate.*

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

**Payment Info:**

Payment by:     Cash     Check     Credit Card    **Total Due:** \_\_\_\_\_

**Name on Credit Card (please print)** \_\_\_\_\_

Mastercard     Visa    Number: \_\_\_\_\_

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

*Classes must be paid in full to reserve a spot. If a class fills or you otherwise need to cancel before the session starts, a full refund will be issued.*