

Waco Agility Group Class Enrollment Form



HUMAN INFORMATION								
Last Name:	Fir	rst Name	:					Middle Initial:
Address:								
City:						State:	Zip Co	ode:
Daytime Phone: () -		Even	ing Phone:	()	_	•	
E-Mail Address:								
EMERGENCY CONTACT INFORMATION								
Last Name:	Fir	rst Name	:				_	Middle Initial:
Daytime Phone: () -	•	Even	ing Phone:	()	-		'
CANINE INFORMATION								
Name: Breed	li.			_		□ Male □ Neute	ered	☐ Female ☐ Spayed
Age: Vet Name:			Vet Phone:	()	-		- `
My dog can(Check all that apply): Come Sit Down Stay Additional Skills:								
My dog's attitude towards strangers (Check all that apply): My dog's attitude towards other dogs (Check all that apply):								
□ Very Friendly □ Shy □ May Bite □ Will Bite □ Very Friendly □ Shy □ May Bite □ Will Bite								
CLASS INFORMATION								
Please check the class you wish to enroll in: ☐ Pre-Agility Foundation ☐ Beginners ☐ Sequencing 1 ☐ Sequencing 2								
INDEMNIFICATION AND LIABILITY WAVER								
 Understanding of Risk: I understand that participation in any WAG activity is not without risks due to the physical nature of the sport of agility and because any dog has the potential to cause injury. WAG activity is defined as any event sponsored by WAG or any use of the WAG field with or without supervision, including, but not limited to, agility trials and matches, training classes, seminars, demonstrations and individual and group practice. 								
2. My Liability/Indemnification: I further agree that I bear all risk in participating in any WAG activity and that WAG and its volunteers, agents, board members and the owners of the premises upon which a WAG activity takes place shall have no liability whatsoever for any loss, damage or injury to myself, my children or children under my supervision, any dog(s) in my custody or my property regardless of how it was caused, EVEN IF NEGLIGENTLY CAUSED, or by whom.								
FORM MAILING INSTRUCTIONS								
Please return this form with a \$20 nonrefundable of	leposit to:		orge entex Sportsm , TX 76513	nan Clu	b Rd.		possibl	ted so remit e so we may e.
Signature (Parent or guardian if minor)				Da	te:			