

## Agility/Obedience & Rally Cover Letter

Enclosed is the application for obedience, rally, or agility classes with the Richland County Kennel Club (RCKC). Please complete the form and bring it *on registration day, SUNDAY, March 9th at 3:00 pm.* You may pay with cash or a check made payable to RCKC (Richland County Kennel Club) for *the designated amount of your class.* **Please bring a copy of your dog's most recent immunization record. You should also bring your dog with you on registration day.**

Obedience registration starts at 3:00. Agility registration starts approx. at 3:45 pm. You will be required to pay for your class at this time, meet the instructor, learn what type of items you will need for the class, and ask the instructor any question(s) you might have.

Puppy classes, for puppies 3-5 months old, will be held on Tuesday nights (if enough interests). Household obedience will be held on Tuesday nights also. Times of classes will be decided on registration day Sunday, March 9th, 2008. Rally obedience will be held on Thursdays (if enough interests) and time of class will be decided on March 9th also. Agility classes (if enough interests) will be held either on Wednesday or Thursday nights. It depends on which instructor teaches. This will also be decided on registration day, March 9th.

There will no be conformation classes this session.

During the night of your class, please arrive early to be able to exercise and potty your dog so you are ready to begin class at the designated time.

To check if your class has been canceled because of bad weather, you can: call the kennel club (419-281-6618) and listen to the voicemail; check our web page at [richlandcountyc.kc.org](http://richlandcountyc.kc.org) under events calendar; or listen to the following radio stations in Mansfield, Y-105, Cruisin' 100, and WMAN 1400. In Ashland, you can listen to WNCO 101.3. Cancellations will also be listed on Mansfield's cable TV WMFD.

We hope you will enjoy the class(s) you have signed up for!

Thank you for your interest at the Richland County Kennel Club!

Sherrel Leininger  
419-281-6618 (RCKC Training Center)

# RICHLAND COUNTY KENNEL CLUB

1416 RT. 42, ASHLAND OHIO 44805 (419-281-6618)

www.richlandcountykc.org

## AGILITY CLASSES\*

Beginner -

Wednesdays or possibly Thursday\*\* -  
time & day will be decided on registration  
day, Sunday, 03/09/08.

\* depending on number of interests

\*\* depending on instructor

## OBEDIENCE CLASSES

Puppy (3 months to under 6 months)\*

Household/Basic (6 months & older)

(Puppy & Household combined  
if not enough interests for puppy)

Advanced Obedience Classes\*

Household/Basic - Tuesdays (time of class  
will be decided on registration day,  
03/09/08.

\*depending on number of interests

## RALLY CLASSES\*

Thursdays - time will be decided on  
registration day.

\* depending on number of interests

**REGISTRATION**

*SUNDAY, 03/09/08*

*Pre-registration is required  
for all classes!*

Obedience - 3:00 PM - 3:45 PM

Beginner Agility - 3:45 PM - 4:00 PM

**Club membership is not required to  
attend classes but new membership  
always welcome!**

*CLASSES WILL START THE WEEK OF March 11, 2008*

*SESSIONS ARE 7 WEEKS (1 hr each wk) - \$75.00 if paid on 03/09/08. After registration day, classes are \$85.00!*

*COPY OF CURRENT SHOT RECORDS REQUIRED FOR ALL CLASSES!*

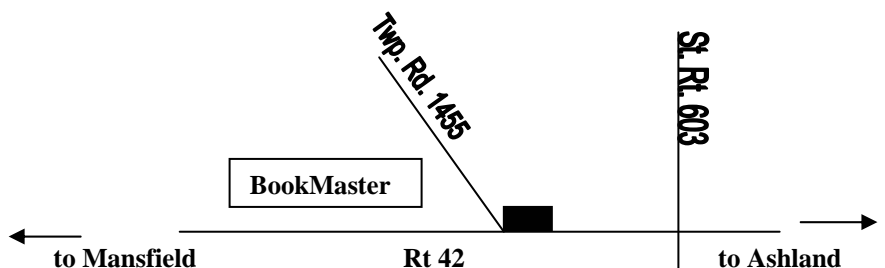
**FOR REGISTRATION CALL:**

**Richland County Kennel Club Training Center 419-281-6618 (Answering machine)**

**Directions from I-71:** Rt 30 east to  
St. Rt. 603. North on 603 to stop sign.  
Left on St. Rt. 42. Go 2/10 mile, turn  
Right on Twp Rd. 1455. Training center  
is on the right.

**From Ashland:** 42 South out of Ashland  
Just past St. Rt. 603 on the right.

**From Mansfield:** 42 North out of  
Mansfield (on the left)



**Richland County Kennel Club Inc.**  
TRAINING REGISTRATION APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

DOG'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BREED \_\_\_\_\_

**Please make a copy of your dog's shot record and send it with the class application. If you give your own shots, fill out the vaccination record information on page 3.**

**SELECT CLASS DESIRED:**

- Puppy Obedience    Beginning Obedience    Advanced Obedience  
 Rally                       Agility (see veterinarian release form at bottom of page 3)

**PRIOR TRAINING:**

What training (if any) have you and your dog participated in previously?

Type	Where/ When
_____ Formal Adult Obedience class (group)	_____ / _____
_____ Puppy Obedience Classes	_____ / _____
_____ Private training	_____ / _____
_____ Home/Self training	_____ / _____
_____ Other	_____ / _____

Referred By: \_\_\_\_\_

**We reserve the right to reschedule your dog due to behavior, medical or physical conditions. No cash refunds.**

Do not write below this line  
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Level: \_\_\_\_\_ Mailed: \_\_\_\_\_ Rec: \_\_\_\_\_ Ck# \_\_\_\_\_ Class Date: \_\_\_\_\_ Preview Date: \_\_\_\_\_

**RICHLAND COUNTY KENNEL CLUB, INC.**

**To be signed by all activity participants**

**Waiver, Voluntary Assumption of Risk, Release, Covenant Not to Sue,  
Indemnity and Hold Harmless Agreement**

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

I hereby apply to participate in activities of and agree to abide by all rules and regulations of The Richland County Kennel Club, Inc. ("RCKC"). I acknowledge that my participation in RCKC activities involves inherent dangers and risk of bodily injury and injury to property. The risks include, but are not limited to, contact with dogs, whose behavior can be unpredictable (barking, biting, jumping, running underfoot, and so on), risks inherent in the facilities, and any and all other risks. In consideration of acceptance of this application by RCKC and of my participation in RCKC activities, on my own behalf and on behalf of any spouse, dependent, heirs, successors, or assigns, I hereby forever waive liability and responsibility for losses, costs, and damages, fully and voluntarily assume all risks (known or unknown, whether or not foreseeable), release, discharge, and covenant not to sue RCKC, including, without limitation, its members, directors, officers, agents, superintendents, committee members, volunteers, other participants, employees, and any persons connected to or associated with RCKC in whatever capacity (each considered a "releasee" herein) from all liability, claims, demands, losses, or damages for personal injury or property damage of any kinds caused or alleged to be caused in whole or in part by the negligence or reckless acts or omissions of the releasees. I further agree on my own behalf and on behalf of any spouse, dependent, heirs, successors, or assigns that if I make, or anyone on my behalf makes a claim against the releasees for and from any loss, liability, damages or costs, including legal expenses and Attorney fees, which any releasee may incur as a result of such claim. I have read this Waiver, Voluntary Assumption of Risk, Release, Covenant Not to Sue, Indemnity and Hold Harmless Agreement and fully understand and agree to all of its terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(To be signed by parent or guardian on behalf of minor.)

**VACCINATION RECORD:**

If you give your own shots, please complete the certificate of vaccination information below.

**The Richland County Kennel Club, Inc.**  
Certificate of Vaccination

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Dog's Birthdate \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

The following vaccinations are *required* for all dogs entering all classes. (Final series of vaccinations should be at least one week prior to the class starting date.)

<u>Vaccination</u>	<u>Date</u>
DHLPP (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo)	_____
BORDATELLA (Kennel Cough)	_____
RABIES	_____

**FOR AGILITY APPLICANTS ONLY**, please have your veterinarian also complete the information below:

Understanding that the sport of agility is a physically strenuous activity (for both dog and handler), I feel that this dog at this time is physically capable of participating.

**Veterinarian's Signature** \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_