

ORIOLE DOG TRAINING CLUB

OWNER INFORMATION FORM

Name: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City, State, Zip: _____ Email: _____

☐ Is applicant/handler under the age of 16?

Membership Status:

<input type="checkbox"/> Contributing	<input type="checkbox"/> Household	<input type="checkbox"/> Non-member
<input type="checkbox"/> Member	<input type="checkbox"/> Provisional	<input type="checkbox"/> Lifetime/Honorary

Please complete the dog information on the second page.

STATEMENT OF RESPONSIBILITY: Please read carefully

1. Dogs must meet prerequisite requirements or have the approval of the instructor to be eligible for classes.
2. All dogs must remain on leash at all times in a non-class situation.
3. **All dogs must have current rabies immunization or proof of a current titer. Copies of rabies vaccination certificates or titer must be filed with the registration form prior to attending the first week of class.**
4. Instructors reserve the right to dismiss students/dogs who fail to attend classes.
5. Instructors have the authority to immediately remove any dogs deemed unmanageable, aggressive or a hazard to participants.
6. All students must clean up after their dogs both inside & outside the building, including urine on the front of the building or adjoining stairways. Violation of this rule may result in suspension of class and/or membership privileges.
7. Training fees will be refunded (prorated) if you are suspended from class.
8. Acceptance of this application is subject to class availability which will be determined on a first-come, first-served basis by membership category.

I accept this Statement of Responsibility & agree to hold harmless the Oriole Dog Training Club, Inc., and/or its Officers, Board of Directors, Members, Instructors, ODTN Volunteer Workers & property owners on which classes & workshops are held from any claims or loss, injury or death that may be alleged to have been caused directly or indirectly to me or my dog(s) while participating in the sport of Dog Obedience, Agility, Flyball, Tracking, Conformation, or other ODTN activities. I personally assume all responsibility & liability when entering the ODTN activities/premises for whatever purpose at my own risk. I hereby warrant that the dog(s) I will train or exhibit are sound, physically & temperamentally, & pose no threat to any other person or dog. I agree that any cause of action, controversy or claim arising out of or related to the entry, exhibition or attendance at the event between the event giving club & myself (ourselves) or as to the construction, interpretation & effect of this agreement shall be settled by arbitration pursuant to the applicable rules of the American Arbitration Association.

SIGNATURE: _____ DATE: _____

Fees	Total of Class Fee:	\$
Enclosed:	Donation to Trophy Fund:	\$ _____
	Total Enclosed:	\$

For ODTN Use Only

Date Mailed	Date Rec'd	Payment Rec'd	Check #	Rabies Exp. Date
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For all paper registrations, mail to: Registrars, Ashley Donaldson and Rosalyn DuPont at 315 Glyndon Dr. Reisterstown, MD 21136. Payment must be included with all paper registrations.

For online registration (preferred method): visit <https://orioledogclub.org/overview-of-training-classes-offered/> to use the online entry system.

Payment: If your registration is not paid by credit card online (preferred method of payment), your check payment must be received by the Registrar within 7 calendar days of registration or your registration will be cancelled.

If you have questions please contact Registrars, Ashley Donaldson and Rosalyn DuPont at RegistrarODTC@gmail.com

DOG ENROLLMENT INFORMATION SECTION

Dog's Call Name:	Breed:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Rabies Expiration: Month Year		Class Time/Day:	
Course ID#:	Course Title:		
Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor:	Course Fee: \$	
Titles or Experience:			

Dog's Call Name:	Breed:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Rabies Expiration: Month Year		Class Time/Day:	
Course ID#:	Course Title:		
Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor:	Course Fee: \$	
Titles or Experience:			

Dog's Call Name:	Breed:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Rabies Expiration: Month Year		Class Time/Day:	
Course ID#:	Course Title:		
Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor:	Course Fee: \$	
Titles or Experience:			

Dog's Call Name:	Breed:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Rabies Expiration: Month Year		Class Time/Day:	
Course ID#:	Course Title:		
Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor:	Course Fee: \$	
Titles or Experience:			

Dog's Call Name:	Breed:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Rabies Expiration: Month Year		Class Time/Day:	
Course ID#:	Course Title:		
Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor:	Course Fee: \$	
Titles or Experience:			

Dog's Call Name:	Breed:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Rabies Expiration: Month Year		Class Time/Day:	
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