



Warren County Kennel Club of Ohio, Inc.

Training Class Registration Form

(Please Print Neatly)

Dog Information

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

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

Is Dog Micro-Chipped? YES \_\_\_\_\_ NO \_\_\_\_\_

Has this dog ever been involved in a bite incident? YES \_\_\_\_\_ NO \_\_\_\_\_

Dog License & Vaccinations History

Rabies VX: \_\_\_\_\_

Distemper/Parvo: \_\_\_\_\_

Dog License: \_\_\_\_\_ County: \_\_\_\_\_

Owner Information

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

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best way to contact you on short notice: \_\_\_\_\_

Training Class

Basic Puppy Manners \_\_\_\_\_ Family Manners \_\_\_\_\_ Advanced Obedience/Rally \_\_\_\_\_

Class Fees

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash \_\_\_\_\_

Returning Student: Yes \_\_\_\_\_ No \_\_\_\_\_

4-H Member: Yes \_\_\_\_\_ No \_\_\_\_\_ 4-H Unit Name: \_\_\_\_\_

WCKC Member: Yes \_\_\_\_\_ No \_\_\_\_\_ 4-H Advisor Name: \_\_\_\_\_

Miscellaneous

How did you hear about our club? \_\_\_\_\_

AGREEMENT

I understand and specifically agree to indemnify and hold harmless Warren County Kennel Club of Ohio, Inc. and all of its officers, instructors and assistants from any accidents, injuries, damages and/or bodily harm of any kind whatsoever incurred to either any person, or animal, or property while traveling to or from, and/or while participating in, any events sponsored by the Warren County Kennel Club of Ohio, Inc.

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

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



Warren County Kennel Club of Ohio, Inc.  
Training Class Registration Form

(Please Print Neatly)

WCKC Health Acknowledgement & Liability Waiver

I, \_\_\_\_\_, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at this event proves I voluntarily accept this risk and accept sole responsibility for any injury to either myself or my children (including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind whatsoever) that may be experienced or incurred in connection with attendance at this event.

I understand that the risk of becoming exposed to or infected by COVID-19 at this event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WCKC, event staff, employees, volunteers, participants, attendees, and their families. I hereby release, covenant not to sue, discharge, and/or hold WCKC, its agents, officers, directors, employees, volunteers, attendees, or other participants from any claim whatsoever.

SOCIAL DISTANCING:

- I will, to the best of my ability, practice proper social distancing as recommended by the State of Ohio "Stay Safe" directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask as required, etc.) and follow any other health recommendations.
- I will not sit in groups closer than 6 feet and will always practice social distancing.

HEALTH REPORTING:

- I certify I have not experienced either new or worsening symptoms of possible COVID-19 (including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish and/or a temperature  $>100^{\circ}$ ) within the last 14 days. I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days.
- I certify I have not been diagnosed with COVID-19 within the last 14 days, and if I was infected by COVID-19 at any time, I have been medically released to return to normal activities.
- If I develop a fever and symptoms, such as a cough or difficulty breathing, or if I am diagnosed with COVID-19 within 14 days of this event, I will immediately report this information to WCKC.
- Should symptoms develop during the event, I will report symptoms to WCKC/Show Management and immediately leave the event grounds.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, a parent or guardian must sign.

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_