



Atlanta Kennel Club Class Registration

REGISTERING FOR: CLASS: _____ Time: _____

NAME: _____

PHONE# DAY _____ EVENING _____ CELL _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

DOG'S NAME _____ AGE _____ SEX _____ BREED _____

AKC Reg # (if applicable) _____ Reg Name _____

EMAIL THIS REGISTRATION FORM to MaryEllenMacke@gmail.com and submit payment via PayPal. Alternately, mail this form with payment to Mary Ellen Macke, 13275 Cogburn Road, Alpharetta, GA 30004. MAKE CHECKS PAYABLE TO ATLANTA KENNEL CLUB. Full payment is required with registration. Registrations are accepted on a first received basis.

Proof of current vaccinations required before participation in class. Mail or email vaccination information registration. A copy may be supplied at the time of the first class.

I hereby release the ATLANTA KENNEL CLUB, INC., animal owners, property owners, instructors, spectators, and/or any other participants from any and all liability for accidents, injuries and/or damages to me, my dog or property caused by participation in any activities including the period of time immediately prior to and/or immediately after the conclusion thereof so long as the animals are located on the premises designated for the activity. I understand that by participation, I am a joint venture participant and assume all liability for injury to my dog, my property or myself occasioned by this participation. This waiver shall be effective from the date of signing.

PARTICIPANT'S SIGNATURE _____ DATE _____