

**OBEDIENCE TRAINING CLASS OF HARRISBURG**  
**APPLICATION FOR TRAINING**

**Mailing Address**

206 Orchard Rd  
 Newport, Pa 17074

**Phone (717) 766-1838**

Voice Mail - Leave Message  
www.otchpa.com

**Training Facility**

1 Souder Court  
 Mechanicsburg, PA  
 17050

**Name of Handler** \_\_\_\_\_ **Age (if under 18)** \_\_\_\_\_

**Name of Owner (if different than Handler)** \_\_\_\_\_ **MEMBER of OTCH? Yes** \_\_\_ **No** \_\_\_ **Pending** \_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Dog's Call Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **How long have you had this dog?** \_\_\_\_\_

**Dog's Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **spayed or neutered? Yes** \_\_\_ **No** \_\_\_ **Not yet** \_\_\_

**Veterinarian** \_\_\_\_\_ **Rescue dog? Yes** \_\_\_ **No** \_\_\_ **From where?** \_\_\_\_\_

**Last Vaccination Dates (Proof Required Each Session) Rabies** \_\_\_\_\_ **DHLP** \_\_\_\_\_ **PARVO** \_\_\_\_\_

**Class Requested (sessions and instructor schedules vary and some classes may not always be available)**

**CIRCLE, HIGHLIGHT OR CHECK YOUR SELECTION – ONE APPLICATION REQUIRED FOR EACH CLASS**

Puppy K 6 PM	Level 1 Obedience 6PM	Beg/Inter Tricks 6PM	Intermediate Scent 5 PM
Puppy K 7:15 PM	Level 2 Obedience 7:15PM	Freestyle	Advanced Scent 6:15 PM
Manners 6 PM	Comp Obedience 7:15PM	Rally 7:45 PM	Advanced Scent 6:15 PM
Manners 7:15 PM	Beyond Manners 6PM		Competition Scent 7:30 PM

**Classes are filled on a first come/first served basis. OTCH reserves the right to withdraw a class due to too few students.**

Has your dog ever shown any signs of viciousness? \_\_\_Yes \_\_\_No If yes, toward \_\_\_people? \_\_\_dogs?

**OTCH Policy Regarding Dangerous Dog**

*OTCH or any OTCH officer or authorized representative reserves the right to dismiss or excuse any handler and /or his/her dog if the dog attempts to or does attack any person or dog. OTCH also reserves the right to dismiss or excuse any handler and/or his/her dog if the dog appears dangerous to people or to other dogs while on the club property or at any club event. The dog must be removed from the premises of the club immediately. The dog will not be allowed to return to the club or participate in any club activities until the Board of Directors has met and reviewed the issue and has given its approval for the dog to return to OTCH property. The board reserves the right to discontinue club privileges to that individual who permits uncontrollable and potentially dangerous behaviors in the club building or at club activities.*

***The Obedience Training Class of Harrisburg shall strive to maintain a safe and secure environment for all dogs and their owners and handlers on club grounds and at functions sponsored by the club.***

**AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK**

I understand that training at Obedience Training Class of Harrisburg (OTCH) with my dog is NOT without risk to me, my dog, family members or guests. In consideration of and as inducement to the acceptance of training at the OTCH Building located at 1 Souder Drive, Suite 1, Mechanicsburg, PA, I AGREE to indemnify and hold harmless OTCH, its officers, members and agents from any and all liability of any nature and from any and all claims by any member of my family or any other person accompanying me to any training session or function of OTCH for injury or damage which I or my dog may suffer. This includes specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I expressly assume the risk of any damage or injury while attending any training session or other function of OTCH, or while on the training grounds or surrounding area thereto.

**I CERTIFY THAT I AM 18 YEARS OR OLDER, THAT I HAVE READ THIS ENTIRE WAIVER, AND THAT I FULLY UNDERSTAND THE PROVISIONS OF THIS WAIVER AND INTEND TO BE LEGALLY BOUND HEREBY.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature of Owner or Authorized Agent (If handler is a minor, a Parent or Legal Guardian must sign)

**REFUND POLICY: Applicant will be entitled to a refund, less a \$5 handling fee, if notice of the withdrawal from class is received by OTCH 24 hours prior to the date of the first class of the scheduled session. There will be no partial refunds.**

**Failure to remit payment before the session begins may result in loss of class participation.**

*Office Use Only:* Class \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Presented Vaccination Record: \_\_\_\_\_ No \_\_\_\_\_ due by Mail / Class \_\_\_\_\_ Application taken by \_\_\_\_\_  
Rescue or Senior discount given? \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_