

Application for Flyball Training Beltway Bandits Flyball

Please Print Neatly

HANDLER INFORMATION:

NAME: _____ NAME OF OWNER: _____
ADDRESS: _____ HOME PHONE: _____
CITY: _____ WORK PHONE: _____
STATE: _____ ZIP: _____ E-MAIL: _____

DOG INFORMATION:

NAME: _____ BREED: _____ SEX: _____
BIRTH DATE: _____ RABIES VACCINE: _____ BORDETELLA VACCINE: _____

PREVIOUS TRAINING CONDUCTED:

CANCELLATION, REFUND AND PAYMENT POLICY:

No refunds or reschedules will be made after the start of class. Enrollment may be cancelled up to two (2) days prior to the start of your scheduled class for a full refund of your deposit. The balance of the session fee is due the date of your first scheduled class.

AGREEMENT

In consideration of the acceptance of this Application for Flyball Training with Beltway Bandits Flyball (hereinafter referred to as "BBF") and in further consideration for the services rendered by and through BBF, I (we) agree to hold BBF, its members, and agents harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of any dog in my (our) charge while in or upon the training site or grounds or the surrounding area thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of any dog in my (our) charge by disappearance, theft, death, or otherwise, and from any claim for damage or injury to any dog in my (our) charge, whether such loss, disappearance, theft, damage or injury be caused by or alleged to be caused by the negligence of BBF or any of the parties aforementioned, or by the negligence of any other person, or any other cause of causes. I (we) further agree to abide and be bound by all the rules and regulations of BBF and I (we) understand that the BBF may refuse any dog for cause which BBF shall deem sufficient.

I certify that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered on this Application for Flyball Training.

SIGNATURE OF THE OWNER OR DULY AUTHORIZED AGENT:

SIGNATURE (REQUIRED): _____ DATE: _____

Return completed form to Jim Spitznas, 16820 Hillsboro Road, Purcellville, VA 20132 along with a class deposit of \$50 (please make check payable to James R. Spitznas). Your check will not be deposited until you have been notified of placement in a specific class. The balance of the session fee (\$50) is due at the time of the first class in the session.