

**Return Registration Form and Instructor Info with check to AADTC Registrar, 2370 East Stadium Blvd. #365, Ann Arbor, MI 48104 Need more forms? Go to [www.aadtc.org](http://www.aadtc.org)**

For Registrar's Use Only

Payment \_\_\_\_\_ Check # /Bank \_\_\_\_\_ Member \_\_\_\_\_ Non-Member \_\_\_\_\_ Current Student \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Date Processed \_\_\_\_\_ Refund \_\_\_\_\_ Return \_\_\_\_\_ Prev. Wait List \_\_\_\_\_ Put on Wait List \_\_\_\_\_

**AADTC REGISTRATION FORM**

**Incomplete forms will be returned. Copy both forms for multiple dogs OR multiple classes/dog.\***

***Print, clearly, include ZIP and Area Code***

( ) *I do not wish to enroll at this time, but please keep me on the mailing list.*

\_\_\_\_\_  
Handler's Name

\_\_\_\_\_  
MINIMUM AGE IS 16  
Handler's Age if under 18

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

\_\_\_\_\_  
Dog's Name

\_\_\_\_\_  
Breed

\_\_\_\_\_  
City, State ZIP CODE

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

E-mail address (PRINT CLEARLY) \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

If you are a former or current student of the Ann Arbor Dog Training Club, please indicate the most recent class attended:

Class Level: \_\_\_\_\_

Term/Year: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Class Choice: List all sections you are able to attend in order of preference. If this is your first class with us in agility, you MUST be screened.**

Section	Class level/ title	Day/Time	Instructor
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

\_\_\_\_\_  
I will attend Agility Screening on the date on the schedule at [www.aadtc.org](http://www.aadtc.org). (Please be on time. Students who fail to come to screening and have not indicated this to the registrar will be dropped.)

**Do not detach.**

**NON-MEMBER TRAINEE HOLD HARMLESS AGREEMENT**

**This form must be signed by you in order to train your dog at the Ann Arbor Dog Training Club.**

**Your registration cannot be processed without your signature.**

**You will need to sign a similar form on your health card when your place in a class is confirmed.**

IN CONSIDERATION of my being accepted as a non-member trainee of the Ann Arbor Dog Training Club,

I do hereby release and discharge the Ann Arbor Dog Training Club, its officers, members, and non-member trainees from any and all actions, claims, and demands for, upon, or by reason of damage, loss or injury which heretofore have been or which hereafter may be sustained by my person or property in consequence of my attending classes or other events sponsored by the above-named club and its members.

It is further agreed and understood that my acceptance as a non-member trainee is not to be construed as an admission on the part of said club, its officers, members and trainees of any liability in consequence of any accident or occurrence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature\*

\*If trainee is under 18 years of age, this form must be signed by parent or guardian.

**INSTRUCTOR'S INFORMATION SHEET**

Instructor \_\_\_\_\_

**Return to AADTC Registrar, 2370 EAST STADIUM BLVD #365, ANN ARBOR, MI 48104**

**Please complete and return for all dogs in KPT, 5-12 Pup, Household 1 & 2, Agility, Flyball, Tracking, or any class not listed on other side of form! This form must accompany registration form, and check.**

**HANDLER**

NAME \_\_\_\_\_ AGE (if under 18) \_\_\_\_ (Min. age is 16, without special Permission)

Address \_\_\_\_\_ E-mail address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (W)

**DOG**

CALL NAME \_\_\_\_\_ AGE (when class begins) \_\_\_\_\_ SEX \_\_\_\_\_

BREED \* \_\_\_\_\_ (if puppy) DATE OF BIRTH \_\_\_\_\_

\* If mixed breed, give approx. weight and height and possible breed combination:  
\_\_\_\_\_

**Previous formal training of this dog?** (List classes, instructors, dates and places):  
\_\_\_\_\_

**TRY TO CLASSIFY YOUR DOG'S PERSONALITY** (check any that apply):

- Friendly, outgoing       Quiet, unmotivated
- Initially wary of strangers       Aggressive toward people (inclined to snap)
- Hyperactive       Aggressive toward dogs (inclined to fight)
- Timid       Reserved
- Anxious or fearful (please describe) \_\_\_\_\_

**SPECIFIC PROBLEMS YOU ARE ENCOUNTERING**

- Difficult to control on leash       Not housebroken       Won't come when called
- Runs away if loose       Plays too rough       Dominant with children
- Noisy (barking/whining)       Very distractible       Growls
- Never settles down       Resentful of discipline       Chews
- Jumps on people       Difficult to motivate

**Dislikes or fears:**  Strangers     Other dogs     Children     Dislikes or fears Loud Noises

Other \_\_\_\_\_

**Is there anything else we should know about your dog and you?** (The more we know, the better we can help.)  
\_\_\_\_\_

**Has your dog ever bitten or snapped at a person or another dog?**  Yes  No.

If yes, please describe circumstances (when, why, frequency, severity) on a separate sheet of paper and enclose with your registration materials. Has your dog has been in classes without incident since?  Yes  No

**What would you like to gain *most of all* from this course?**  
\_\_\_\_\_

**ALL AGILITY CLASSES** (Please complete in addition to the above info)

Has your dog done any jumping YES/NO What height? \_\_\_\_\_

Does your dog have a reliable, off lead, response to being called?  Yes  No

Does your dog "Down" on command?  Yes  No

Does your dog object to being handled anywhere on his body?  If so, where? \_\_\_\_\_

What exposure or experience have you had to Agility training. (Seen on TV, or in person, taken clinic or class, etc.) \_\_\_\_\_

What is your reason for taking agility? \_\_\_\_\_

What is your skill level in agility? \_\_\_\_\_

What special performance difficulties or problems are you and your dog having? \_\_\_\_\_