

CACM REGISTRATION 2021

Summer Session 2 Beginning August 23, 2021

Classes are 6 weeks in length and held at 6305 Glenn Carlson Drive, St. Cloud, MN 56301

CLASS SIZES ARE LIMITED! PRE-REGISTRATION IS REQUIRED

**Please bring your own chair and keep a social distance of 6 feet.

Forms MUST be mailed in prior to the start of the first class. You will only be contacted if there is a problem with your registration.

Return completed form with check payable to CACM to:

Lynn Arlt, 1021 28th Ave North, St. Cloud, MN 56303

If you have any questions, call 320-828-3149 or email: artlynn@gmail.com

Owner's Name: _____
Address: _____ City: _____ Zip: _____
Day Phone: _____ Cell Phone: _____
Eve Phone: _____ E-mail: _____
Dog's Name: _____ Age: _____ Breed: _____
Last Class Taken/Where: _____
List Titles/#Q's Towards Title: _____

If new to CACM, how did you hear of us (Check the one that applies)?

Newspaper _____ Poster or Flyer _____ Web _____ Referral/Who _____

Are you currently a member of CACM? YES _____ NO _____

*NOTE: If you are interested in becoming a member of CACM (or wish to renew your membership), please go to the web site for information at www.cacmagility.com

If you are enclosing a membership app. & dues, please pay with a separate check. Membership must be approved by the Board before member discount can be applied toward classes. Thank you!

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>	<u>INSTRUCTOR</u>
_____ Beginning Agility	Monday	6:15 – 7:15	Betty Johnson
_____ Course Challenges	Monday	5:30 – 6:30	Steve Hanson
_____ Course Challenges	Monday	6:45 – 7:45	Steve Hanson
_____ Advanced Coursework	Tuesday	6:15 – 7:15	Karl Johnson
_____ Foundations 3	Tuesday	6:15 – 7:15	Mary Frank
_____ Foundations 2	Tuesday	7:15 – 8:15	Mary Frank
_____ Intermediate Agility	Wednesday	6:15 – 7:15	Dorein Johnson

_____ \$55 Members / \$65 Non Members PER 6 WEEK CLASS

_____ -\$10 discount may be applied for handlers under the age of 18 years.

_____ = TOTAL FEES ENCLOSED (Entry fee vouchers can be used to pay up to 50% of a class)

Please see class descriptions for class entry requirements to ensure your team is properly enrolled

GENERAL AGREEMENT: I (we) agree to hold Canine Agility of Central Minnesota, Inc./CACM, including its members, officers and directors, owners of the premises upon which classes are held, harmless from any claim for the loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or around the premises or grounds or near any entrance 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 this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury, be caused, or be alleged to be caused, by the negligence of the parties aforementioned, or by the negligence of any other person, and any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or in consequence of my (our) participation in this event, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may have alleged to be caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons. **No pregnant bitches are allowed in class. A bitch will not be re-admitted to class for 6 weeks post whelping, verification of pregnancy may be requested and veterinary documentation provided upon request. Appeals may be submitted in writing to the Director of Training, Lynn Arlt, for CACM Board consideration.**

Signature (parent/guardian if under 18 years of age)

Date

*MY SIGNATURE ABOVE ALSO STATES THAT I HAVE READ AND AGREE TO ABIDE BY THE "CACM RULES" (TO ENSURE SAFETY AND ENJOYMENT BY ALL).