CACM REGISTRATION

Summer Classes – Check with Instructor for Class Start Date

Please fill out this form and mail with payment

Classes are 8 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 lawn chair due to limited seating.

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: arltlynn@gmail.com

Owner's Name:			
Address:	City:	i	Zip:
Day Phone: Cell Phone: Cell Phone:			
Eve Phone:	E-mail:		
Eve Phone: 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 (Chec	k the one that app	olies)?	
Newspaper Poster or Flyer _	Web	Referral/Who	
Are you currently a member of CACM? YES			
* <u>NOTE</u> : If you are interested in beco	ming a member o	f CACM (or wish to	renew your membership), please go to the web
site for information at <u>www.cacmagility.com</u>			
If you are enclosing a membership app. & dues, please pay with a separate check. Membership must be approved by the			
Board before a member discount can be applied toward classes. Thank you!			
CLASS	DAY	TIME	INSTRUCTOR
Novice Agility	Monday	6:00 - 7:00	Betty Johnson
Advanced Handling	Tuesday	6:00 - 7:00	Karl Johnson
Agility Foundations II	Wednesday	6:00 - 7:00	Jim Mihalek/Amy Studanski
Intermediate Agility	Thursday	6:00 - 7:00	Dorein Johnson
\$70 Members / \$80 Non-Members PER 8 WEEK CLASS			
= 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			
which classes are held, harmless from any claim for the lo of this dog while in or around the premises or grounds or I (we) further agree to hold the aforementioned parties h for damage or injury to the dog, whether such loss, disa aforementioned, or by the negligence of any other person save the aforementioned parties harmless from any ar aforementioned parties for damage because of bodily inj (ourselves) or on account of damage to property, arising property may be caused, and whether or not the same m of their employees or agents, or any other persons. No	pss or injury which may near any entrance the narmless from any clai ppearance, theft, dam n, and any other cause nd all loss and expen uries, including death out of or in consequen ay have been caused o pregnant bitches are	y be alleged to have been ereto, and I (we) persona m for loss of this dog b hage or injury, be cause or causes. I (we) hereb se (including legal fees at any time resulting th had of my (our) participator may have alleged to b allowed in class. A bit	is members, officers and directors, owners of the premises upon en caused directly or indirectly to any person or thing by the act ally assume all responsibility and liability for any such claim: and y disappearance, theft, death or otherwise, and from any claim id, or be alleged to be caused, by the negligence of the parties by assume the sole responsibility for and agree to indemnify and s) by reason of the liability imposed by law upon any of the here from, sustained by any person or persons, including myself tion in this event, howsoever such injuries, death or damage to been caused by negligence of the aforementioned parties or any ch will not be re-admitted to class for 6 weeks post whelping, ,ppeals may be submitted in writing to the Director of Training,

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).