

Columbia Canine Sports Center

4506 I-70 Drive SE, Columbia, MO, 65201
573-817-2272 • www.columbiak9sportscenter.com



Class Enrollment Form

(Please print neatly or type all information. This form can be filled out with Adobe Acrobat)

All Students, please fill out all the information. **One Dog Per Form**

Regular classes are \$130, additional classes in the SAME session are \$120.
Senior/Student Rate (with a valid ID) is \$100 per class. 4-H classes are \$60 for the session
Building Membership with Class is \$50

Session _____

- New Student
 Returning Student

Class Name	Day/Time	Fee
Total Due		

Owner/Trainer Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

I agree to be added to the CCSC email list for updates on classes, etc. _____

Dog Information

Name _____ Breed _____
DOB (mm/dd/yy) _____ Sex _____ Vet _____
Spayed/Neutered? _____ Proof of Vaccination will be required to enter CCSC Classes.
Health Issues that may affect training (i.e. hip dysplasia, etc.) _____
Is this dog aggressive to people? _____ Has it bitten a person? _____ Specify _____
Is this dog aggressive to other dogs? _____ Specify _____

Liability Waiver

I (we) acknowledge that if this application for the entry of this dog is made available to me (us) for training in the classes of the Columbia Canine Sports Center LLC (here- after referred to as CCSC) that I (we) agree that this facility has the right to refuse the entry of this dog and/or they reserve the right to dismiss the dog and myself for cause which CCSC deems to be sufficient.

In consideration of the acceptance of this and the opportunity to train my dog(s), I (we) agree to hold the CCSC and its employees 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 this dog or dogs while in or upon the premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim for damage or injury to the dog or myself, either physically or mentally, whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of the CCSC while in or upon the premises of the CCSC's classes or grounds.

The terms of this agreement bind the parties for the current period of training, and all subsequent classes/training/events in which they hereafter participate.

Signed: _____ Date: _____

Office Use Only:

Payment Information:

- Cash _____
 Check (CK # _____)
 Credit Card _____
Vet Check Done
Student ID

PayPal (www.paypal.com) to bossladies@columbiak9sportscenter.com

Name on Card: _____
Card Number: _____
Exp Date: _____ CVV: _____
Signature: _____

**Classes must be paid in full to reserve a spot. Refunds for classes ONLY after first week.
Option of exchange for a different class or conversion to private lessons available (120 mins of privates). Hardship because if illness or injury of owner or dog will be handled on a case by case basis. Please contact owners.**