

# GOLD MEDAL DOG TRAINING CENTER

## CLASS ENROLLMENT FORM

GMT Use Only  
Date: \_\_\_\_\_  
Class Fee: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Check # \_\_\_\_\_  
BD: \_\_\_\_\_

Handler/dog may join class at any time with the exception of Pre-School, Kindergarten, & Beginner Level One Agility. You must pre-register for these classes and a \$20.00 non-refundable deposit is required to secure your enrollment in the class. The balance will be due on the night of the first class. If joining an on-going class the fee is due on the same day that you join the class of each month. There are no refunds or make-up sessions for missed classes unless prior arrangements with the instructor have been approved. I will try and provide a make-up session whenever possible or you may join another group to make up the missed session.

Start Date & Class: \_\_\_\_\_

Handler's Name: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Address: \_\_\_\_\_ City, St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_

Please answer the following questions:

How did you hear about my school? \_\_\_\_\_

If referred by another student or person, please give me their name: \_\_\_\_\_

Please read and acknowledge the statement below:

I certify that my dog is in good health, routinely checked by a veterinarian and is always current on his or her vaccinations or I use an alternative method of inoculation.

Date \_\_\_\_\_ Signature of Owner of Dog \_\_\_\_\_

Complete and return this form along with the signed Liability Waiver and check payable to Gold Medal Dog Training Center to:

**Linda Knowles**  
11789 Cactus Court  
Justin, Texas 76247  
682-667-9816

Website: [www.goldmedalagility.com](http://www.goldmedalagility.com)

Email: [goldmedalagility@verizon.net](mailto:goldmedalagility@verizon.net)

