

Imperial Polk Obedience Club, Inc.

Pre-Registration Form

Please complete and return this form, along with a check made payable to IPOC and mail to:

IPOC, PO Box 5455, Lakeland, FL 33807

Class Name: _____ Start Date of Session: _____

Day (circle one): MON TUES WED Time: _____

Where did you hear about us? _____

We reserve the right to excuse any dog from class that is exhibiting aggressive behavior!

Don't forget your dog treats for Class!

Class Registration Form Imperial Polk Obedience Club	For Official Use
Owner's Name: _____	Date: _____
Handler: _____	Class: _____
Address: _____	Student <input type="checkbox"/> New <input type="checkbox"/> Previous <input type="checkbox"/> IPOC Member
City: _____ Zip: _____	Payment Amt. \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
Phone: (____) _____	Received By: _____ <input type="checkbox"/> Rabies <input type="checkbox"/> DHP-P
Email: _____	Instructor: _____
Breed: _____ Age: _____ Sex: M F	Comments: _____
Dog's Call Name: _____	_____

For and in consideration of entering my animal in any program sponsored or conducted by the *Imperial Polk Obedience Club of Lakeland, Florida, Inc.*, either solely or jointly with any other person, firm or corporation, I assume full and complete responsibility for any injury to person or property of any third party resulting from my acts or those of my animal. I realize that *IPOC* is required by law to notify Polk county Animal Services should my animal be involved in a biting incident. I specifically relieve, acquit and release the *Imperial Polk Obedience Club* of any liability for injuries which I may sustain or suffer to my person or property, as an outgrowth of the programs and activities of the said organization. I agree to abide by the letter and spirit of all rules and regulations of the said organization and upon any breach thereof committed by my dog, or any authorized handler, or by myself, my dog shall, at the option of the Club or it's representative, be withdrawn from the program in progress.

Date: _____ Signature: _____