

**PICK OF THE LITTER DOG TRAINING
Group Class Registration Form
Feisty Fido – Winter, 2018**

HOW TO REGISTER:

- 1) Choose a specific class day and time and fill out the registration form below
 - a. for **Monday** classes starting 1/29, use course number #64450
 - b. for **Thursday** classes starting 2/15, use course number #64451
 - c. for **Wednesday** classes starting 2/28, use course number #64452
 - d. for Monday classes starting 3/19, use course number #64453

- 2) Remit registration form and payment to **Kent Parks, Recreation and Community Services**
 - a. **PHONE IN:** (253) 856-5000, Monday - Friday 6am – 10pm, Saturday 8am – 9pm
 - b. **MAIL IN:** Kent Commons Registration - 525 Fourth Ave. N., Kent, WA 98032-4497
 - c. **WALK IN:** Kent Commons - 525 Fourth Ave. N Kent, WA 98032
 - d. **ONLINE:** webreg.kentwa.gov

PRICING: \$115 for 6 weeks

CLASS LOCATION: Kent Memorial Park (Multipurpose Building) – 850 N Central Ave Kent, WA 98032

WHAT TO BRING TO YOUR FIRST CLASS:

- 1) DO NOT bring your dog to the first class
- 2) Bring any family member who intends to be a part of your dog’s training
- 3) Be ready to discuss the problems your dog is having with dogs and/or people
- 4) Bring proof of vaccinations (current Distemper and Rabies vaccine)
- 5) Bring completed Student Profile Form (will be mailed by the Kent Parks following registration)

detach along dotted line

KENT PARKS, RECREATION AND COMMUNITY SERVICES—PROGRAM REGISTRATION FORM

Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ E-mail Address _____

Name of Class	Course #	Dates	Day	Time	Fee
Grand Total					

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury or damages, I do hereby release and hold harmless the City of Kent, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the program. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Kent informational or promotional use.

Checks: make payable to *City of Kent*

Credit Card Information (Visa or MC)

_____ Card Number _____ Exp Date _____

_____ Please print name as it appears on card _____

Signature of Participant

Date