

**PICK OF THE LITTER DOG TRAINING  
Group Class Registration Form  
"Sniff it Out" Nose Games – Spring, 2017**

**HOW TO REGISTER:**

- 1) Choose a specific class day and time and fill out the registration form below
  - a. for **Thursday** classes starting 5/11, use course number #62361
  
- 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) Bring your dog, hungry and ready to learn
- 2) Make sure to have a sufficient supply of your dog's favorite treats for training
- 3) Your dog should come to class with a regular collar or harness, or if you need it, a front attachment harness or head halter
- 4) Bring proof of current vaccinations (current Distemper and Rabies booster)
- 5) Fill out and bring an updated *Student Profile Form*

**KENT PARKS, RECREATION AND COMMUNITY SERVICES—PROGRAM REGISTRATION FORM**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Class	Course Number	Dates	Day	Time	Fee
<b>Grand Total</b>					

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