4RK9s Dog Training Club

Iowa Animal Welfare License # 9437

Agility TRY IT! Registration Form

December 11, 2025 7:00 - 8:30 PM

Class Fee: \$10.00 per team

Print and complete this form and mail together with a check for the class fee payable to 4RK9s Dog Training Club and copies of current vaccination certificates for rabies, parvovirus and distemper to:

Lou Ann O'Malley 4RK9s Agility Coordinator 4006 Richland Dr. NW Cedar Rapids, Iowa

Class size is limited to provide ample attention to each handler and dog. Register early! Your payment will reserve your spot in the class. You will be contacted immediately if the class is full.

Bring to class: a 6 ft leash, lots of soft, extremely delicious training treats, a water bowl and a crate if you wish to use your own. A positive attitude is also required as agility is FUN! No flexi leads are allowed for class training.

Handlers Name:		
Address:		
Email:		
Phone:		
Breed:		
DOB:		
Sex: M or F (circle one).	Spayed/Neutered? Y or N (circle one)	

How did you find out about this class?
Are your dog's current vaccination records on file with the club? Y or N
Date of most recent Rabies vaccination:
Date of most recent Distemper/Parvo vaccination:
Liability Waiver
I agree by my signature to hold 4RK9's, its members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly by any person, animal or things by this dog while in or upon the premises or near the entrance there to.
I personally assume all responsibility for any such claim. I further agree to hold the afore mentioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage, injury or other causes. I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training grounds.
To the best of my knowledge, this dog is free of any contagious or potentially contagious diseases.
Signature:
Date: