

**UPPER BUCKS SCHUTZHUND CLUB
MEMBERSHIP APPLICATION**

Name of Member _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell/Work phone _____

Email address _____

Date of application _____ Prospect fee paid _____

USA Membership No. _____ Expiration USA Membership _____

DOG IN TRAINING

Registered Name of Dog _____

Call Name _____ Date of Birth _____

Name of Veterinarian _____ Phone _____

Date of Last DHLPP _____ Rabies _____

Date of Last Heartworm Check _____ Results _____

TRAINING AGREEMENT AND UNDERSTANDING OF LIABILITY

1. I understand that my participation in this club is at my own risk.
2. I will not hold this club, its officers or its members responsible for damage that may occur to my person or property as a result of the activities of this club.
3. I understand that the training of my dog is primarily for the purpose of the sport.
4. I understand it is my responsibility to provide ample home insurance to cover the possible action of my dog.
5. I agree to abide by the constitution and bylaws of this club.
6. I understand that I am fully responsible for the action of my dog and I agree to keep my dog properly restrained and under reasonable control between and during practice exercises.

Signature of Applicant _____ Date _____