



## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

\* USA Membership No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Your previous training experience: \_\_\_\_\_

Registered Name of Dog in Training: \_\_\_\_\_

Call Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Titles: \_\_\_\_\_ Male Female

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last: DHLPP/Rabies: \_\_\_\_\_ Heartworm Check: \_\_\_\_\_ Results: \_\_\_\_\_

### TRAINING AGREEMENT AND UNDERSTANDING OF LIABILITY

1. I understand that my participation in the Coal Mountain Schutzhund Association is at my own risk.
2. I will not hold the Coal Mountain Schutzhund Association, its officers, members, promoters, sponsors, land owners, or the United Schutzhund Clubs of America responsible for damage that may occur to my person or property as a result of the activities of the club.
3. I understand that the training of my dog(s) is/are primarily for the purpose of the sport of Schutzhund.
4. I understand it's my responsibility to provide ample home insurance to cover the action of my dog(s).
5. I agree to abide by the Constitution and By-Laws of the Coal Mountain Schutzhund Association.
6. I understand that I am fully responsible for the action of my dog(s) and I agree to keep my dog(s) properly restrained and under reasonable control between and during practice exercises.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Amount of Dues Paid and Check Number: \_\_\_\_\_

**\* You must be a current member of Schutzhund USA to join.**