

2009 SCSC Membership Application



Name: _____

Spouse Name: _____

Address: _____

Phone/home: _____ Mobile: _____

Email Address: _____

This application must be accompanied by:
Non-refundable Application fee: **\$ 50** TOTAL\$: _____ Check#: _____
*Membership fee (**\$300** prorated by quarter): _____ Rec'd by: _____ Date: _____

*(If your membership is denied after your 90-day probationary period, you will be reimbursed the amount of the membership fee.)

Please describe your previous dog experience and your level of expertise:

What do you expect to gain from us, as a member of our club?

What do you expect to bring to us, as a member of our club?

Please list international, national and local dog clubs to which you belong:

How did you hear about SCSC?

Please list two SCSC Members who will be sponsoring you (at least one of them must be present at each training session):

1.) _____

Signature: _____ Date: _____

2.) _____

Signature: _____ Date: _____

List the dog(s) you will be working:

<u>Dog #1</u>	<u>Dog #2</u>
Name:	Name:
Breed:	Breed:
Sex: Age:	Sex: Age:
How did you acquire this dog?	How did you acquire this dog?
Level of Training/Titles:	Level of Training/Titles:
Last Immunizations:	Last Immunizations:
DHLPP:	DHLPP:
Rabies:	Rabies:
Training Goals:	Training Goals:

Vet's Name and Number:

I have received, read and agree to abide by the Southern California Schutzhund Club

Standing Rules (Initials) _____ and **Bylaws** (Initials) _____

1. I UNDERSTAND THAT MY PARTICIPATION WITH THIS CLUB IS AT MY OWN DISCRETION AND OWN RISK.
2. I WILL NOT HOLD THIS CLUB, IT'S OFFICERS, MEMBERS, SPONSORS, LAND OWNERS, AND OTHER PARTICIPANTS RESPONSIBLE FOR DAMAGE THAT MAY OCCUR TO MY PERSON OR PROPERTY AS A RESULT OF THE ACTIVITIES OF THIS CLUB.
3. I UNDERSATND THAT THE TRAINING OF MY DOG IS PRIMARILY FOR THE PURPOSE OF THE SPORT OF SCHUTZHUND. I AM AWARE THAT THE SOUTHERN CALIFORNIA SCHUTZHUND CLUB (SCSC) EVENTS INCLUDE TRAINING AND TRIALS OF VARIOUS BREEDS OF DOGS. I AM FAMILIAR WITH SUCH TRAINING. I AM AWARE THAT INJURY AND DAMAGE, WHILE RARE, CAN OCCUR IN SUCH CLUB EVENTS. KNOWING THE RISKS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HALD HARMLESS ALL OF THE PERSONS OR ENTITIES MENTIONED ABOVE.
4. I UNDERSTAND IT IS MY RESPONSIBILITY TO PROVIDE AMPLE HOMEOWNERS INSURANCE TO COVER THE POSSIBLE ACTIONS OF MY DOG. PLEASE ATTACH COPY OF POLICY WITH COMPLETED APPLICATION.
5. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR THE ACTIONS OF MY DOG AND I AGREE TO KEEP MY DOG PROPERLY RESTRAINED AND CONTROLLED DURING TRAINING SESSIONS.
6. I AM FAMILIAR WITH AND AGREE TO ACCEPT AND ABIDE BY THE RULES AND BYLAWS OF SOUTHERN CALIFORNIA SCHUTZHUND CLUB (SCSC).

Signature: _____

Date: _____