



# The Canine Fitness Institute Aqua Therapy Certification Class Registration Application

*Please fill this form out completely.*

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

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

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

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

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

Do you currently work with dogs?  **Yes**  **No** If yes, what is your experience? \_\_\_\_\_

\_\_\_\_\_

If no, what is your current occupation? \_\_\_\_\_

Do you have any experience working with people?  **Yes**  **No** If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

What type of previous training do you have, if any, working with animals or people? What classes have you taken? \_\_\_\_\_

\_\_\_\_\_

Do you have any certifications?  **Yes**  **No** If yes, please list certifications and the school where they were received. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your physical condition? \_\_\_\_\_

What is your experience with being in the water and/or swimming? \_\_\_\_\_

\_\_\_\_\_

Do you feel you can lift a dog greater than 50 pounds?  **Yes**  **No**

Additional comments relevant to this application: \_\_\_\_\_

**Current discounted price for the class**

**\$1,950.00** (a 22% discount)

The class size is limited to 4 people.

By signing this application, I agree that I am registering for a program through The Canine Fitness Institute, for the purposes of providing me with training in Canine Aqua Therapy. I understand that completion of the program does not give me legal license to practice, nor does it satisfy any legal or state requirements of any kind. I further agree to assume all risk, and to release and hold harmless The Canine Fitness Institute, Rocky's Retreat, Inc. and its principals Sherri Cappabianca and Toby Gass from any and all liabilities. It is my express intent that this shall also bind the members of my family and all respective heirs, executors, administrators, legal representatives, successors, and assigns, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this shall be construed in accordance with the laws of the State of Florida. I understand that upon receipt of this application, The Canine Fitness Institute will confirm availability.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

If paying by check, please make checks payable to "The Canine Fitness Institute".

If paying by credit card please fill out the following authorization. In providing your credit card information and signature, you authorize us to charge a \$100 deposit one (1) week before class begins. The balance is due on the day class begins, unless you have made prior arrangements with us for a payment plan.

Credit Card Type: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

***Please complete this form and email (info@caninefitnessinstitute.com), fax (407-295-3889) or mail to The Canine Fitness Institute, 2826 Shader Rd. Orlando, FL 32808. Please include check or money order if not paying by credit card. Do not email if paying by credit card (for security reasons).***