

# Flying Houndz of Louisville



## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_ Family \$25 annually: \_\_\_\_\_ Individual \$15 annually: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

Additional Family Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*A family constitutes  
a married couple  
and any children or  
an individual with  
children.

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

(Please list any additional information on the back of this form.)

**\*Please include a copy of each dogs rabies certificate that includes tag # and expiration date.**

The FHOL is dedicated to providing a fun and safe environment for its club members while making a positive impact in both the local and disc dog community. As such, the Board of Directors reserves the right to deny or cancel without prior written notice the membership of anyone that has consistently acted in a manner that is contrary to the club Mission Statement and the club motto "It's all about having fun with your dog!".

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

Release and Waiver of Liability

This release **MUST** be signed by anyone intending on participating in a Flying Houndz of Louisville Disc Dog Event.

In consideration of my entry into any Flying Houndz of Louisville events, I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages which I may have against the community where this event is held, the Flying Houndz of Louisville, their representatives, successors, employees, assignees and/or sponsors for any and all injuries or illnesses suffered by me or my dog(s) as a result of my participation in the set event. I attest and verify that my dog is physically fit for this competition, and hereby assume the risk of any canine disease which may be contracted in the set event. By my signature I also grant full permission to the Flying Houndz of Louisville club and its assignees to use any photographs, video tapes, motion pictures, recordings or any record of any event held by the Flying Houndz of Louisville for any purpose whatsoever.

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

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

Parent/Guardian (if under 18): \_\_\_\_\_

\* Make checks payable to: Flying Houndz of Louisville

Please mail applications to: Flying Houndz of Louisville  
P.O. Box 272  
Pewee Valley, KY 40056

