



COURSE REGISTRATION FORM AGILITY FOUNDATIONS / AGILITY SKILLS  
**AGILITY DOG CLUB OF QUEENSLAND INC**

MR/MRS/MISS/MS SURNAME: ..... FIRST NAME: .....

ADDRESS: .....SUBURB: .....

POST CODE: ..... PHONE: HOME ..... MOBILE .....

EMAIL ADDRESS: .....I wish to receive email updates.....YES.....NO...

- I AM ALREADY A MEMBER OF ADCQ or  
 I HAVE COMPLETED THE MEMBERSHIP SECTION (PG 2) AND ADDED APPROPRIATE PAYMENT
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DOG'S NAME (Pet name): .....HANDLER'S NAME .....

DOG'S DATE OF BIRTH (or estimated DOB):     /     /

BREED (or cross) .....SEX OF DOG.....

DOG DESEXED?: .....YES.....NO.....(please circle)

DATE OF LAST VACCINATION:     /     /     NEXT VACCINATION DUE:     /     /

- I HAVE EMAILED A COPY OF MY DOG'S LATEST VACCINATION CERTIFICATE  
 I WILL BRING MY DOG'S LATEST VACCINATION CERTIFICATE ON THE FIRST DAY OF CLASS
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*This is NOT a Course registration for (Wednesday night) BASIC TRAINING COURSE*

**COURSE REGISTRATION** (please tick the appropriate box)                      **COURSE DATE:-** .....

- AGILITY FOUNDATION CLASS**                      \$80-00 (per dog *EXCLUDES* membership fees)

PREREQUISITE:

Is your dog under control whilst on lead – Y / N (circle your response)

Are you able to reward your dog (with food OR toy/play) Y / N (circle your response)

- AGILITY SKILLS CLASS**                      \$80-00 (per dog EXCLUDES membership fees)  
please complete a separate course registration form for each dog)

PREREQUISITE FOR AGILITY SKILLS:

What date did your dog complete ADCQ Agility Foundations graduation test?     /     /

**FEES MUST BE RECEIVED WITH THE FORMS FOR YOU TO BE BOOKED INTO THE CLASS  
AND YOU WILL BE NOTIFIED IF YOU HAVE BEEN ACCEPTED INTO THE COURSE**

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- I HAVE READ THE ADCQ GROUND RULES AND AGREE TO ABIDE BY THESE RULES  
 I UNDERSTAND THAT PARTICIPATING IN AGILITY REQUIRES HELPING TO SET UP AND  
PACK UP THE AGILITY EQUIPMENT  
 I UNDERSTAND THAT ADCQ OFFERS NO REFUNDS ON COURSE FEES LESS THAN TWO  
WEEKS PRIOR TO COURSE COMMENCEMENT DATE

SIGNATURE: (of one member) ..... DATED: .....

Scan and email form to [info@adcq.com.au](mailto:info@adcq.com.au) or hand to instructor prior to commencement date

APPLICATION FOR MEMBERSHIP

MR/MRS/MISS/MS SURNAME: ..... FIRST NAME: .....

MR/MRS/MISS/MS SURNAME: ..... FIRST NAME: .....

ADDRESS: .....SUBURB: .....

STATE: ..... POST CODE: ..... ADAA MEMBERSHIP NO. (if ADAA member) .....

PHONE: DAY ..... MOBILE: .....

FACEBOOK PROFILE: ..... EMAIL: .....

*ADCQ uses a Google group in order to communicate with members. Supplying your email address signifies your agreement to join ADCQ's Google Group in order to receive updates/club information. Please note that you can choose the manner in which you receive messages through ADCQ's Google group. 1. Set it so you go to the site to look at messages. 2. Daily Digest. 3. Individual emails. If you have any concerns please speak to a committee member.*

I/We hereby apply for membership to the Agility Dog Club of Queensland Inc. (ADCQ).In the event of membership admission, I/We agree to be bound by the Rules and By-Laws of the Club for the time being in force.

I declare that none of the dogs currently registered in my name with ADCQ are (in full or part) an American Pit Bull Terrier, Japanese Tosa, Argentine Fighting Dog, Brazilian Fighting Dog and/or any other breed which may be deemed as a restricted dog. Nor are any of them individual dogs(s) which have be deemed as dangerous dogs as defined in the Companion Animal Act 1988 (NSW) and/or defined in any other State, Territory or the Commonwealth of Australia equivalent Act.

SIGNATURE: .....DATED: .....

SIGNATURE: .....DATED: .....

List of Additional Family Members: .....

	1st DOG	2nd DOG	3rd DOG
PET NAME (S):			
BREED:			
DATE OF BIRTH:			
SEX:			
DESEXED: Y / N			
VACCINATION DUE:			

***ALL DOGS MUST BE IMMUNISED. Minimum requirement is C3 or higher or a titre test.  
A current copy of the vaccination certificate or titre test must be provided with this form for sighting.  
DATES WILL BE CHECKED ON JOINING/RENEWAL***

Please tick the appropriate box.

FEES:	<input type="checkbox"/> JUNIOR FAMILY MEMBER \$15 (over 12 and under 18)	<input type="checkbox"/> FAMILY MEMBER \$25 (please list all family members above)
	<input type="checkbox"/> CASUAL \$5	<input type="checkbox"/> CONCESSIONAL \$20

Cheques/Money Orders should be made payable to: **AGILITY DOG CLUB OF QUEENSLAND INC.**  
Cash only accepted at club during training sessions. Please email [info@adcq.com.au](mailto:info@adcq.com.au) for banking details for electronic transfer.

*Office Use Only - Coordinator*

<i>Office Use Only - Coordinator</i>			
Verified Vaccination		Receipt No. & Amount	
Membership No.		Date Received	
Input		Confirmation email Sent	