

# **North American Police Work Dog Association 2020 Indiana State Workshop**

## REGISTRATION FORM

(PLEASE PRINT LEGIBLE)

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

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

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

E Mail: \_\_\_\_\_

Agency: \_\_\_\_\_

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

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Current NAPWDA Member? \_\_\_\_\_ Yes \_\_\_\_\_ No T-Shirt Size: \_\_\_\_\_

K9 Breed: \_\_\_\_\_ K9 Name: \_\_\_\_\_ K9 Age: \_\_\_\_\_

Explosive or Narcotic Detection: \_\_\_\_\_

Level of K-9 training/experience: (choose one)    Basic                      Intermediate                      Advanced

You plan to test for NAPWDA certification in any phase(s)?            Yes                      No

Waiver: I hereby waive and relinquish the North American Police Work Dog Association, further referred to as NAPWDA, the Valparaiso Police Department, The Fraternal Order of Police Lodge #76, their affiliates, sponsors, organizers, and or all participants, for any injury, mental or physical, to myself or my canine. I also agree to abide by rules and regulations as set forth by NAPWDA and the event organizers. I furthermore will accept responsibility for damage caused by my canine or myself to any and all property, persons and to include the hotel accommodations and or any training venue. I furthermore state that my canine and I are in a physical condition necessary to be able to participate in the events, as needed for training and certification purposes. If you decide to consume any alcoholic beverage during the workshop week, you do so at your own risk. If you do drink an alcoholic beverage please do so in a responsible manner and Don't Drink and Drive.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sign Name: \_\_\_\_\_

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

K-9 Health certificate must be provided (copy is acceptable) \*\* Make Workshop Fee checks payable to: Valparaiso Fraternal Order of Police #76 (FOP #76). Mail payment and registration form to: SGT. Todd Kobitz 355 Washington St, Valparaiso , IN 46383