

**MARY SKIBA SCHOOL OF DANCE  
2018-19 FALL REGISTRATION FORM**

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**DANCER'S NAME:** \_\_\_\_\_ (one form for each child)

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WORK OR CELL #:** \_\_\_\_\_ **DANCER'S CELL:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**\*EMAIL:** \_\_\_\_\_ (Please print clearly)

We need a current email for all students as this will be used for class information and billing statements.

**ANY MEDICAL CONDITIONS OR ALLERGIES:** \_\_\_\_\_

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Please list each class and please double check that you have entered the correct class number.

**CLASS #** \_\_\_\_\_ **DAY & TIME:** \_\_\_\_\_ **STUDIO:** \_\_\_\_\_

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If you have more classes please add them to the back of this form and indicate that you have done so.

COMPETITION DANCERS: PLEASE MAKE SURE YOU HAVE LISTED ALL OF YOUR TEAM CLASSES AS WELL AS TECHNIQUE AND PRODUCTION JAZZ. (do not add in tuition for technique or production jazz)

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**MONTHLY TUITION:** \_\_\_\_\_ + \$10.00 registration fee Fees can be found in our brochure and are by family.

**For Visa or MC payments: (A \$2.00 service fee will be added for all credit/debit transactions.)**

**CARD #** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **VCode:** \_\_\_\_\_

**Card holder signature:** \_\_\_\_\_

I would like my monthly tuition automatically charged from this account number each month.

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I understand that dance is a physical activity that may result in injury to my child. I agree to accept full responsibility for my child while he/she is participating in dance with Mary Skiba's School of Dance, Inc. I also agree to hold harmless Mary Skiba's School of Dance, Inc, the officers, agents, and staff members of Mary Skiba's School of Dance Inc. should my child suffer any injuries as a result of participating in any activities at this studio. I also understand that Mary Skiba's School of Dance, Inc may use photos or video of my child for advertising purposes.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_