

MARY SKIBA SCHOOL OF DANCE SUMMER REGISTRATION FORM

Please mail this form to: 41726 Hayes, Clinton Township, MI 48038 or
Email this form to: mssddance@aol.com or Fax to: 586 286-5450

STUDENT'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTHDATE: _____ Email: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

CLASS # _____ DAY & TIME: _____

CLASS # _____ DAY & TIME: _____

CLASS # _____ DAY & TIME: _____

CLASS # _____ DAY & TIME: _____

CLASS # _____ DAY & TIME: _____

Please list any additional classes on the back of this form.

*For Credit Card Payments: Visa _____

Credit Card #: _____ Exp. Date: _____ 3 digit Code _____

Signature of Card Holder: _____ (\$2.00 fee for credit cards)

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 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: _____