



Mary Skiba School of Dance

41726 Hayes

Clinton Township, MI 48038

Email mssddance@aol.com (586) 286-8111 Fax (586) 286-5450

<https://www.maryskibaschoolofdance.com>

Dancer's Name		Dancer's Birthday	
Parent Name		Preferred Phone Number	
Address			
Email			
Medical Concerns: (allergies, conditions, etc.)			

Class #	Day and Time	Class Description

(List any additional classes on the back of this form)

CREDIT CARD PAYMENTS				
CARDS ACCEPTED	VISA	MC	AUTO CHARGE MONTHLY	INITIAL HERE: _____
CARD #				
EXP. DATE		3 DIGIT CODE		
CARD HOLDER SIGNATURE				
(\$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 at Mary Skiba's School of Dance, Inc. I also agree to hold harmless Mary Skiba's School of Dance, Inc., its officers, agents, and staff members of Mary Skiba's School of Dance, Inc. should my child suffer any injuries, or become ill as a result of participating in any activities at this studio. I also understand Mary Skiba's School of Dance may use photographs or video of my child for advertising purposes.

Parent Signature: _____ **Date:** _____

September tuition and the registration fee are required to be enrolled in a class.