MSSD REGISTRATION FORM

Dancer Name:

Address:

City: Zip Code:

Parent's Names:

Birthday: Cell Phone #:

Email:

Class #	Day	Time

Please list additional classes on back →

Credit Card #:

Cardholder Signature:

Expiration Date (mm/yy): CVC:

($3.00 fee for credit card transactions)

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: _____