



# Fall Registration Form



FORMS CAN BE MAILED TO: 41726 HAYES CLINTON TOWNSHIP, MI 48038

EMAILED TO: [mssddance@aol.com](mailto:mssddance@aol.com)

FAXED TO: (586)286-5450

Dancer's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Birthday: \_\_\_\_\_ Allergies/Medical Concerns: \_\_\_\_\_

Class #	Day/Time	Class Description

*\*\*Additional Classes should be listed on the back of this form\*\**

<b>For Credit Card Payments:    *\$2.00 processing fee</b>		
<b>Card #:</b> (Visa/MC)	<b>Exp.</b>	<b>CVV:</b>
<b>Cardholder Signature:</b>		

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 may use photos/videos of my child for advertising purposes.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_