



**WINTER REGISTRATION 2019 JANUARY – MAY SESSION
DEADLINE FOR REGISTRATION/PAYMENT JANUARY 5**

STUDENT _____

CLASS (ES) REGISTERING _____ (payment due at registration)

- **New students please complete the following:**

DATE OF BIRTH _____ **PARENT/GUARDIAN** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

Waiver (required for all new students) By enrolling my child/children/self at MKSD, I agree that pictures and video taken may be used for ads, printed material or video by MKSD. I do not hold MKSD or its employees liable for injuries that may occur during classes, rehearsals, or performances. I give permission for an employee of MKSD to seek medical attention for my child if necessary.

Please list any medical conditions you would like MKSD staff to be made aware

Parent/Guardian Signature _____ Date _____