MKSD
Marianne Kelley's School of Dance

2027 WINTER/SPRING REGISTRATION

STUDENT_____ **DATE OF BIRTH**_____

PARENT/GUARDIAN_____

EMAIL_____ **CELL**_____

CLASS(ES) REGISTERING FOR
Class type and day/time

_____ _____

_____ _____

REQUIRED
Please take a moment to review our policies at https://mksdance.com/about/studio-policies/. These policies are incorporated in full into this agreement. I have read and agree with the policies of MKSD.

Parent/Guardian Name (printed) _____

Signature_____ **Date**_____

REQUIRED

- By enrolling my child/children/self at Marianne Kelley's School of Dance, I agree that pictures and videos taken may be used for ads, printed material or video by MKSD.
- I understand and agree that the lessons and activities to be performed at MKSD involve physical activity and contact with other dancers. I therefore understand there is an inherent risk of injury in performing these activities and may not hold MKSD liable for any injuries sustained through the ordinary incident of this activity. In addition, if a student is injured, no refunds will be granted.
- I give permission for an employee of Marianne Kelley's School of Dance or a parent chaperone to seek medical attention for my child if necessary.

Student Name _____

Parent/Guardian Signature_____ **Date**_____

Please list any medical conditions of which MKSD should be aware:

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