

Mary Kay Manning Dance Studio Registration Form

Name _____ Date of Birth _____ Age _____

Parent/Guardian _____

Phone- Home _____ Work _____

Cell _____ E-mail _____

Address _____ City _____

State _____ Zip Code _____

Please sign and date the following release:

I, _____ as legal guardian
for _____ recognize that

there is an element of risk involved in the physical activity of dance and exercise, and will follow the rules and policies set up for the purpose of keeping order and protecting students from injury, and will not hold Mary Kay Manning and her dance studio, its instructors or employees responsible or liable for any injury which may be sustained during class or in the practice of dance. I have read the brochure, understand it in full, and agree to follow the policies stated within. In the event of promoting Mary Kay Manning Dance Studio, I give my permission for using photos that include my child/ren should the occasion arise.

Signature _____ Date _____