

A. B. Dance Inc.
Registration 2011-2012

Family Name _____ Telephone # _____
Address _____

1. Dancer's Name _____ Age _____
Birth Date ____/____/____ # of years at A.B. Dance _____
2. Dancer's Name _____ Age _____
Birth Date ____/____/____ # of years at A.B. Dance _____
3. Dancer's Name _____ Age _____
Birth Date ____/____/____ # of years at A.B. Dance _____

Parent /Guardian Name _____ Cel _____

Email address _____
Health Card # _____ (for first year students)
Medical Information (allergies, injuries ect.)

I agree to the registration, policies and principles of A.B. Dance inc. I release A.B.Dance Inc., Andrea and Ashley Barnes, all teachers, staff, employees and assistants from any and all liability actions, negligence or lawsuits arising from any activity while in the studio, while using studio facilities or in studio vicinity and/or in relation to any travels conducted by A.B. Dance Inc., including dance competitions attended by A.B.Dance Inc. I hereby allow A.B. Dance Inc. to use photos of myself and/or my children for promotional use at any time.

Signature _____ Date _____

Dancer	Class	Teacher	Day & Time	Costume
				Yes/ No
				Yes/ No
				Yes/ No
				Yes/ No
				Yes/ No

Thank You for Choosing A.B. Dance!!

*1st term, 2nd term, and costumes cheques are due at registration to secure classes. Please make all cheques payable to A.B. Dance Inc.

=====
1st term dated Sept 1 2011 \$ _____ chq# _____
2nd term dated Jan 1 2012 \$ _____ chq # _____
Costume Chq (\$120) dated Nov 1st 2011 \$ _____ chq# _____