A. B. Dance Inc.
Competitive Team Registration 2011-2012

Dancer's Name_____ Telephone #_____
Address_____

Age _____ Parent /Guardian Name _____
Cell_____Email_____
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_____

Classes:

Class	Day	Time

* **Please circle if you would like a recreational ballet costume for recital YES / NO . Recreational costumes are $120 (dated Nov. 1st) . Payment must be made with registration.**

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.

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