



A.B. Dance June Class Registration

Tel: 905.472.7890 www.abdance.ca

Family Name: _____ Telephone #: _____

Child's Name	Class/Time/Date	E-Mail Address

Medical Information (allergies, injuries, medical conditions): _____

I agree to the registration information, policies and principles of AB Dance Inc. Andrea and Ashley Barnes, all teachers and 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 AB Dance Inc., including dance competitions attended by AB Dance. Inc. I hereby allow AB Dance Inc., to use photos of myself and/or my children for promotional use at any time.

Parent/Guardian Signature: _____ Date: _____

AB Dance Inc

185 Bullock Dr. Unit 15, Markham

905-472-7890

www.abdance.ca

Please call the studio if you have any questions or concerns 905.472.7890