



A.B. Dance Registration Form 2019-2020

Student Name _____

Birth Date ____/____/____ Age _____ F / M

Telephone # _____

Parent/Guardian Name _____ Cell # _____

Email Address _____

Medical Information (describe all allergies, injuries, and medical conditions)

Parent Signature _____ Date _____

I agree to the registration information, policies and the 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.

Classes:

CLASS	DAY	TIME

Thank You for choosing A.B. Dance!

Payment

Credit Card (Visa, Mastercard) Cheque (Payable to AB Dance Inc.)

Cardholder Name _____ Card Number _____

Expiry Date: _____ Verification Number (CVS): _____

First term Dated Date of Registration: \$ _____ chq # _____

Second Term Dated Jan. 1st 2020: \$ _____ chq # _____

Costume Cheque (\$150 per dance) Dated Nov. 1st 2019: \$ _____ chq # _____

_____ we will NOT be participating in year end recital (please initial)

