



# *FIERCE Dance and Fitness*



## *Adult Registration Form*

*Name:* \_\_\_\_\_

*Address:* *(Please include city and zip code)* \_\_\_\_\_

*Phone Numbers:* *(Please list if home or cell#)* \_\_\_\_\_

*Emergency Contact:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Birthdate:* \_\_\_\_\_

*How would you like your name to be read in recital programs, newsletters, etc. (no middle name please)* \_\_\_\_\_

*Any medical conditions or allergies:* \_\_\_\_\_

*\$10 Registration fee paid: cash or check #:* \_\_\_\_\_

***Please sign and date on the line below:***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*