



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