

**F.U.S.E. Dance Collaboration, LLC**  
Fostering a Unified Soulful Energy  
Love. Acceptance. Integrity.

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**REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**Emergency Contacts**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Participant or Legal Guardian if under 18:

\_\_\_\_\_

Date: \_\_\_\_\_