

Thursday

CRCS CO-OP REGISTRATION FORM

Student Name	Grade	Age	2pm	3pm

Family Name:

Adult Attendee:

Phone:

Email:

EMERGENCY CONTACT INFO:

NAME: _____ **#:** _____

(RELATIONSHIP): _____

FOOD OR LATEX ALLERGIES OR MEDICAL CONDITIONS:

STUDENT NAME:

I read and understand the rules to participate in Co-op.

Signature: _____