

# Grand Rapids School District 318

Department of Student Activities

Chemical Awareness Registration

STUDENT NAME (Please Print) \_\_\_\_\_

Last

First

MI

School:      GRHS      RJE Middle School      Grade \_\_\_\_\_

Sport/ Activity: \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to your coach. Thank you.