

FISH PATH Co-op Registration

School Year _____

Parent Name(s) _____

Cell Phone _____ Email _____

Street Address _____

City, State, Zip Code _____

Emergency Contact Name & Number _____

Allergies _____

Student Name	Grade	Age	Date of Birth	Allergies

I have received and agree to abide by the PATH rules and regulations. I understand that I must be a paid member of FISH in order to be a member of PATH. PATH dues are non-refundable.

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Signature

Date