

# RISE UP

MAIL TO: CRLS, 459 Broadway, Cambridge MA 02138

## REGISTRATION

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DID YOU APPLY FOR THE MAYORS PROGRAM?

yes

no

BIRTHDAY \_\_\_\_\_

CURRENT MIDDLE SCHOOL \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINTED) \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

PARENT/GUARDIAN PHONE # \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**PLEASE RETURN THIS REGISTRATION FORM THROUGH INTERSCHOOL MAIL TO:**

**Rob Kelley**  
**rkelly@cpsd.us**  
**CRLS Main Office**

**Jesse Sparks**  
**jsparks@cpsd.us**  
**CRLS Main Office**

\*\*Rise Up participants are welcomed to attend several field trips throughout the program including tours of several nearby universities using MBTA T trains and a walking scavenger hunt throughout Cambridge. This registration form serves as permission to attend those field trips with all the standard CRLS field trip policies and procedures.\*\*