

Child's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ M F Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Are you a registered member of St. Rose?

Y N

Parent E-mail: \_\_\_\_\_

(If No, please fill out a Parish Registration form)

Are you active duty Military? Y N

Adult T-shirt size: S M L XL

Sacramental Information: **Please circle** if your child **needs to receive** the following sacraments:

Baptism

First Communion

**MEDICAL INFORMATION**

Please list all information pertaining to allergies, diet, special medications, health conditions or any other Information necessary in an emergency situation. Explain Fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** My child is taking the following medication(s):

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Medical / Hospital Insurance Carrier:

\_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Emergency Contact Name (other than self) and Phone # \_\_\_\_\_

I give permission for photos of my child to appear on our Private Facebook page for Life Teen:

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Parent Signature and date

**There is NO FEE for Edge**