

St. Rose of Lima EDGE Grades 6-8
6451 Park Ave, Milton, Fl 32570
850-623-3600 ext 16

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 of Lima? Y N Teen Cell Phone: _____
Parent E-mail: _____
(If No, please fill out a Parish Registration form) Teen E-mail: _____
T-shirt size: S M L XL XXL

Sacramental Information: Please Circle

My Child **needs to receive** the following sacraments: **Baptism** **First Communion** **Confirmation**

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 and relation to participant _____

Emergency Phone Number _____

I give St. Rose of Lima's Life Teen Core Team and Youth Minister, Crystal Martinez permission to contact my child/ren in the following ways:

Telephone _____ Facebook _____ Email _____

Cell Phone _____ Text Message _____

Parent Signature and date