



Rome Registration Form

(one per child)

Parent Information

Name: _____

Street Address: _____

City/State/Zip Code: _____

Primary Phone: _____

Cell Phone: _____

Email: _____

Participant Information

Child's Name: _____

Gender: _____

Date of Birth: _____

Grade Completed: _____

Allergies/Medical Conditions: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Alternate Pick-Up: _____

Relationship: _____

Comments/Concerns: _____
