

ID #: _____



308 West Bloomfield St.
Rome, NY 13440
(315) 336-1040
Fax: (315) 336-1090
www.romeart.org

Artletics Registration:

Today's Date _____ Student's Name _____

Student's Nickname _____ Age (as of start date) _____

Parent/Guardian Name _____

Parent's Mailing Address _____

Contact Phone Number _____

Parent/Guardian Email _____

Parent Emergency Phone Number _____

Emergency Contact Name _____ Phone Number _____

Student's Grade (next school year) _____

School Attended _____

Physician's Name _____ Phone Number _____

Physician's Office Address _____

Date of Student's Last Physical _____

Known Allergies/Medical Conditions _____

Use of Inhaler or Epipen (please give to Director, if needed) _____

Health Insurance Carrier and Insurance ID Number _____

Race: (For Statistical Purposes)

White

Hispanic

Other (Please list) _____

(Free lunch will be made available, and drinks and snacks will be provided.)