

2018-19 ICC Youth Events Registration

Parent Contact Information

Mom's Name: _____ Cell: _____

Dad's Name: _____ Cell: _____

Home Phone: _____ Email: _____

Parent Signature: _____ Date: _____

Name of Youth _____ **Grade:** ____
First Name Last Name

Things We Should Know (*ie, Food Allergies, Medical/Social/Emotional Concerns*)

Name of Youth _____ **Grade:** ____
First Name Last Name

Things We Should Know (*ie, Food Allergies, Medical/Social/Emotional Concerns*)

Name of Youth _____ **Grade:** ____
First Name Last Name

Things We Should Know (*ie, Food Allergies, Medical/Social/Emotional Concerns*)

