



## INCYC REGISTRATION INFORMATION COLLECTION FORM

Parish \_\_\_\_\_

First Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size:  Small  Medium  Large  XL  2XL  3XL

Type:  Adult  Youth

Gender:  Female  Male

Ethnicity:  Asian/Pacific Islander  Black  Hispanic  Native American  
 White  Multi-Ethnic  Other

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### YOUTH ONLY

Grade at time of INCYC (Nov 2019):  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Mother/Guardian

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Father/Guardian

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Check box if address is different than child's

Check box if address is different than child's

Clergy/Religious:  Not Applicable  Priest  Deacon  Rel. Brother  Rel. Sister

Special Needs:  Wheelchair Access Required  Hearing Impaired  Deaf  
 Blind/Visually Impaired\*  Limited Mobility  Gluten Free

\* Requires more than contacts or glasses