



NCYC PARISH REGISTRATION INFORMATION COLLECTION FORM

(please print legibly)

Parish/School: _____

First Name: _____ Name for Badge: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell/Home Phone: _____ Email: _____

Type: Adult Youth

Gender: Female Male

Ethnicity: _____

Primary Language: _____

Adults per room: 1 to a room 2 to a room 3 to a room 4 to a room

Teens per room: 3 to a room 4 to a room

YOUTH ONLY

Grade at time of NCYC: 9th 10th 11th 12th

Mother/Guardian

First Name: _____

Last Name: _____

Check box if address is different than child's
and write address on back of this form

Father/Guardian

First Name: _____

Last Name: _____

Check box if address is different than child's
and write address on back of this form

T-Shirt Size: Small Medium Large 1XLarge 2XLarge 3XLarge

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____

Clergy/Religious: Priest Deacon Rel. Brother Rel. Sister

Special Needs: Sign Lang. Needed Enhanced Listening Device Needed Braille Program Needed
 Wheelchair Access Required Early Access to Stadium – limited mobility
 Mobility Assistance-stadium to conf. ctr. Large Print Program Needed
 Gluten Free Scooter/Wheelchair Rental Needed