



NCYC 2021 PARISH REGISTRATION INFORMATION COLLECTION FORM (please print legibly)

Parish City/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: _____

If an adult chaperone, how many per room? 1 to a room 2 to a room

If a teen participant, how many 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