



2017 NCYC Individual Registration Form
 Diocese of Springfield in Illinois
 Return form to Kim Knotts, 1421N.7th Street, Quincy IL 62301
teccordinator@gmail.com - 217-779-3528 - by May 12th.



ALL PARTICIPANTS

First Name: _____ **Nickname:** _____

Last Name: _____ **T-Shirt Size:** S M L XL 2X 3X

Mailing Address: _____

City: _____ **Zip Code:** _____ **Parish:** _____

Date of Birth: _____ **Cell Phone:** _____ *(while on pilgrimage)*

Registration Type: *(select one):* Adult Youth **Gender:** Male Female

Ethnicity: *(select one):* Asian/Pacific Islander Black Hispanic Native American White
 Multi-Ethnic Other

Emergency: Contact Name: _____ **Contact Phone:** _____

Special Role: Parish/School Group Leader Youth Ambassador Youth Animator

Clergy/Religious:: Priest Deacon Brother Nun/Sister

Special Needs: *(if applicable):* Wheelchair Access Required Hearing Impaired Deaf
 Blind/Vision Impaired* *(* requires more than glasses)* Limited Mobility Gluten Free

YOUTH ONLY

Grade at time of NCYC: _____

Mother/Guardian First Name: _____ **Last Name:** _____
 Check box if address is different than child's **Daytime Phone:** _____

Father/Guardian First Name: _____ **Last Name:** _____
 Check box if address is different than child's **Daytime Phone:** _____

Other Contact Person: _____ **Phone:** _____

MEDICAL CONSENT AND PERMISSION TO TREAT ~ Primary Care Information

Dr. _____ **Doctor's Phone:** _____

Insurance Carrier: _____

Policy Holder: _____ **Policy #** _____

I grant permission for the administration of First Aid to my child by the people in charge of the **Diocese of Springfield in Illinois'** participation in the **National Catholic Youth Conference** in Indianapolis, Indiana on **November 16 – 19, 2017** and those transporting him/her to and from the event as their judgment deems advisable. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child as well as give permission for the release of medical records to an attending physician in case of illness. I further understand that the Diocese of Springfield in Illinois is not responsible for any damages or accidents that may result from my child's actions or the actions of others. To the greatest extent possible, I release the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this trip and we agree to indemnify them for any such damages.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE INCLUDE A COPY OF INSURANCE CARD (front and back)

