

# 2019 NCYC Individual Registration Form

Diocese of Springfield in Illinois

Return Completed form to Group Leader by September 1



## ALL PARTICIPANTS

**First Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Participant Type:**  Youth  Adult  Young Adult (*age 18 – 20 AND out of high school*) **Gender:**  Male  Female

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

**Primary Language:**  English  Spanish  American Sign Language  Other: \_\_\_\_\_

**Clergy/Religious:**  Priest  Deacon  Brother  Nun/Sister

**Special Needs (if applicable):**  Sign Language Interpreter  Enhanced Listening Device  Large Print Program  
 Braille Program  Scooter/Wheelchair Rental Referral  Early Access due to Limited Mobility  Low Gluten Host  
 Assistance getting between Stadium and Convention Center

**Primary Care Physician** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Policy or Group ID #:** \_\_\_\_\_

## 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:** \_\_\_\_\_

## MEDICAL CONSENT AND PERMISSION TO TREAT

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 21 – 24, 2019** 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. If 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. The Diocese of Springfield in Illinois does not provide health insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip, are to be borne by the parent/guardian. I also give permission for my child's image in photos, videos or other media to be used by the Diocese of Springfield in Illinois and the National Federation for Catholic Youth Ministry for promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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