

NCYC 2019 Archdiocese of Dubuque Individual Registration Form

Formal First Name _____
(Legal name, e.g. "Robert")

Preferred First Name _____
(Name that will appear on name badge, e.g. "Bob")

Last Name _____

Address _____

City _____

State _____ Zip _____

Date of Birth ____/____/____

Participant Mobile Phone (____) _____ - _____
If participant does not have a mobile phone, leave blank

Emergency Contact Name _____

Emergency Contact Phone _____

Adult or Youth ___ Youth ___ Adult

Gender: ___ Male ___ Female

T-shirt Size Small 1XL
 Medium 2XL
 Large 3XL

Participant Email _____
Please write legibly

Parent/Guardian Email _____
Please write legibly

Dietary Needs/Limitations: _____

Ethnicity: (check one)

- Asian/Pacific Islander
- Black
- Hispanic
- Native American
- White
- Multi-Ethnic
- Not Known
- Other

Primary Language: (check one)

- English
- Spanish
- ASL
- Other

Check any special needs: (check all that apply)

- Sign Language Interpreter
- Enhanced Listening Device
- Large Print Program
- Braille Program
- Scooter Rental Needed
- Early Stadium Access due to Mobility
- Mobility Assistance from Stadium to Convention Center
- Low Gluten Host

For Minors Only

Grade at time of NCYC

- 9
- 10
- 11
- 12

Mother's First Name _____

Mother's Last Name _____

Mother's Address Different from Child Yes No

Father's First Name _____

Father's Last Name _____

Father's Address Different from Child Yes No

For Adults Only

Clergy or Religious? (Check one)

- Religious Sister
- Religious Brother
- Priest
- Deacon
- N/A

What means of communication would you prefer while at NCYC? (Check all that apply)

- Text (using cell number above)
- Email (using email address above)
- Hardcopy

To be completed by parish/school Safe Environment Coordinator.

CMG Safe Environment Training Date Completed

____/____/____

Background Check Date Completed

____/____/____