



## NCYC REGISTRATION INFORMATION COLLECTION FORM

Parish/School: \_\_\_\_\_

First Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Type:  Adult  Youth

Gender:  Female  Male

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### YOUTH ONLY

Grade at time of NCYC:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Mother/Guardian

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Father/Guardian

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Check box if address is different than child's

Check box if address is different than child's

Clergy/Religious:  Not Applicable  Priest  Deacon  Rel. Brother  Rel. Sister

Special Needs:  Scooter/Wheelchair Rental Referral  Sign Language Interpretation Needed  
 Enhanced Listening Device Needed  Braille Program Needed  
 Early Stadium Access Needed due to Limited Mobility Assistance Needed  
 Getting Between Stadium and Convention Center  Low Gluten Host Needed

Primary Language  English  Spanish  ASL  Other \_\_\_\_\_

T-shirt Size:  Small  Medium  Large  XL  XXL