

INDIVIDUAL PARTICIPANT REGISTRATION FORM

FORM #9



2013 National Catholic Youth Conference



Clearly Mark One: Youth Adult Priest Sister Deacon Brother

First Name: _____ Nickname/Name for Badge: _____ Middle Initial: _____
 Last Name: _____ Date of Birth: ___/___/___ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 Email: _____ Archdiocese of **Indianapolis/Region 7**
 Parish/School attending with: _____ Deanery: _____

T-Shirt Size: S M L XL 2-XL 3XL

Mark Access Needs: <input type="checkbox"/> Wheelchair Access Required <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Gluten Free	
<input type="checkbox"/> Limited Mobility <input type="checkbox"/> Deaf <input type="checkbox"/> Blind/Visually Impaired (require more than contacts or glasses)	
Ethnicity: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other	
Youth Only: Grade at time of NCYC:	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
Mother/Guardian First & Last Name: _____	<input type="checkbox"/> Check box if address is different than child's
Father/Guardian First & Last Name: _____	<input type="checkbox"/>
Adults Only: <input type="checkbox"/> Background Check <input type="checkbox"/> VIRTUS Training <input type="checkbox"/> Code of Conduct (ArchIndy)	
<i>Please note: no adult will be permitted to attend/participate that has not met these requirements.</i>	

◆ Emergency & Medical Release – Archdiocese of Indianapolis ◆

Emergency Contact Name(s): _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 Health Insurance Co: _____ Policy #: _____
 Allergies, Dietary Restrictions or Special Needs: *(if you need more space, use the back side of this form or attach another page.)*

Name of Medication	Dosage	Frequency	Reason

PARTICIPATION CONSENT:

I will not hold the Archdiocese of Indianapolis responsible in the event of any injury or accident while participating and/or traveling to and from the National Catholic Youth Conference (NCYC). I warrant that, to the best of my knowledge, I am in good health and am able to participate in all program activities. (Please indicate limitations under special needs). I

agree that I will abide by the Codes of Conduct or understand that if I have a serious infraction of the Code, I may be immediately dismissed from the NCYC with no refund, and sent home at my expense. I understand that if I am 18 or younger & in High School, my **medication will remain in the possession of the adult team leader (exception: inhaler)** and be dispensed as prescribed. I understand that non-prescription medication (such as Tylenol, throat lozenges, etc.) will not be available unless brought by the participant. **In case of medical emergency**, I understand that every effort will be made to notify the emergency contact of the participant. If treatment is necessary, I hereby give permission to the medical staff to hospitalize & secure proper treatment for me. I understand I may be photographed, unidentified in group situations; and I hereby grant permission to be photographed & identified for releases to *The Criterion* and/or Archdiocesan website and/or other promotions.

Participant Signature: _____ **Date:** _____

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

(Required for 18 & under and in High School)

If needed, please list additional information here: (Emergency, Medical, Allergies, Dietary, Special Needs, etc.)

This form (Form 9) is to be filled out by each Participant. Please return to Youth/Campus Minister by: _____