

NATIONAL CATHOLIC YOUTH CONFERENCE 2017

CATHOLIC DIOCESE OF RICHMOND

NCYC Registration Information Collection Form

PARTICIPANT INFORMATION	
Parish Name: _____	City: _____
First Name: _____	(First) Name for Badge: _____
Last Name: _____	
Participant Mailing Address: _____	
City/State/Zip: _____	
Participant E-mail Address: <i>If no e-mail address, leave blank.</i> _____	
Participant Cell Phone #: <i>If no cell phone #, enter 000-000-0000.</i> _____	
Emergency Contact First and Last Name: _____	
Emergency Contact Phone #: _____	
Participant Type: <input type="checkbox"/> Youth <input type="checkbox"/> Adult	Participant Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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 (Select ONE): <input type="checkbox"/> Not Known <input type="checkbox"/> Other _____	
Apparel Information (Select ONE):	<input type="checkbox"/> Small – Hooded Sweatshirt <input type="checkbox"/> Small – Long Sleeve Shirt <input type="checkbox"/> Medium – Hooded Sweatshirt <input type="checkbox"/> Medium – Long Sleeve Shirt <input type="checkbox"/> Large – Hooded Sweatshirt <input type="checkbox"/> Large – Long Sleeve Shirt <input type="checkbox"/> XL – Hooded Sweatshirt <input type="checkbox"/> XL – Long Sleeve Shirt <input type="checkbox"/> 2XL – Hooded Sweatshirt <input type="checkbox"/> 2XL – Long Sleeve Shirt <input type="checkbox"/> 3XL – Hooded Sweatshirt <input type="checkbox"/> 3XL – Long Sleeve Shirt

YOUTH INFORMATION ONLY	
Grade at time of NCYC: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Mother/Guardian First Name: _____	Mother/Guardian Last Name: _____
Father/Guardian First Name: _____	Father/Guardian Last Name: _____

SAFE ENVIRONMENT (ADULTS ONLY)	
<i>All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate whether you have completed each component listed below:</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Screening One (completed every 5 years)
<input type="checkbox"/> YES <input type="checkbox"/> NO	VIRTUS Training (completed once)
Print your entire legal name: _____	

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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. **BE AS SPECIFIC AS POSSIBLE.**

<p>Does the participant have any dietary restrictions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Select any restrictions that apply to this participant:</p> <p><input type="checkbox"/> Gluten-free <input type="checkbox"/> Peanut-free <input type="checkbox"/> Vegetarian</p> <p>List any other dietary restrictions (i.e. vegetarian, allergies)</p>
<p>Is the participant allergic to anything?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p>
<p>Does the participant have any emotional, physical or sensory conditions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).</p>

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of my child (named above) engaged in activities related any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.

YES NO Parent/Guardian Signature: _____ Date: _____

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Room Selection and Optional Diocesan Meal Plan Information

ROOM SELECTION	
	Youth Participant (\$530 up to 6 per room)
	Adult Participant (\$630 3 adults per room)
	Adult Participant (\$800 2 adults per room)
	Adult Participant (\$1,000 1 adult per room)

DIOCESAN MEAL PLAN (OPTIONAL)	
<i>The Diocesan Meal Plan includes a boxed lunch with a drink, as well as a buffet dinner, for both Friday and Saturday.</i>	
<input type="checkbox"/>	Yes, I would like to purchase the Diocesan Meal Plan (\$50)
<input type="checkbox"/>	No, I would not like to purchase the Diocesan Meal Plan (\$0)

**Please complete the lunch order information below, for both Friday and Saturday.
If you are NOT purchasing the Diocesan Meal Plan,
please select "None Selected (\$0)" for each category below.**

OPTIONAL LUNCH ORDER – FRIDAY	
Sandwich Selection:	<input type="checkbox"/> None Selected (\$0) <input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Chicken Salad <input type="checkbox"/> Peanut Butter and Jelly <input type="checkbox"/> Veggie Wrap
Bread Selection: <i>With the exception of the Veggie Wrap</i>	<input type="checkbox"/> None Selected (\$0) <input type="checkbox"/> White Bread <input type="checkbox"/> Wheat Bread
Drink Selection:	<input type="checkbox"/> None Selected (\$0) <input type="checkbox"/> Coke <input type="checkbox"/> Diet Coke <input type="checkbox"/> Sprite <input type="checkbox"/> Bottled Water

OPTIONAL LUNCH ORDER – SATURDAY	
Sandwich Selection:	<input type="checkbox"/> None Selected (\$0) <input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Chicken Salad <input type="checkbox"/> Peanut Butter and Jelly <input type="checkbox"/> Veggie Wrap
Bread Selection: <i>With the exception of the Veggie Wrap</i>	<input type="checkbox"/> None Selected (\$0) <input type="checkbox"/> White Bread <input type="checkbox"/> Wheat Bread
Drink Selection:	<input type="checkbox"/> None Selected (\$0) <input type="checkbox"/> Coke <input type="checkbox"/> Diet Coke <input type="checkbox"/> Sprite <input type="checkbox"/> Bottled Water