

Registration Form

The Diocese of Birmingham – National Catholic Youth Conference
2019

Print Legibly or Type all Entries

T-Shirt Size
(Adult Male Sizes)

Parish _____

Check Appropriate Boxes

Adult Youth Male Female Wheelchair Access Needed Hearing Impaired
 Visually Impaired Mobility Impaired Primary Language _____

One capital letter in each block

First Name _____ M.I. Date of Birth _____

First Name for Nametag _____

Last Name _____

Address _____

City _____ Cell Phone (if you have one) _____

State _____ Zip _____ E-mail _____

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

Parent/Guardian Information

Mother/Guardian First Name _____

Mother/Guardian Last Name _____

Father/Guardian First Name _____

Father/Guardian Last Name _____

Parent/Guardian Phone _____

Alternate Contact Name _____

Alternate Contact Phone _____

For Adults Only

Most recent date of Youth Protection 1 _____

Name _____

Family Physician: _____ Phone: _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

You should be aware of these special medical or psychological conditions regarding my child: _____

Optional:

My child is taking medication at present. My child will bring all such medications necessary, and said medications will be well carefully labeled with dosage and other pertinent information.

Signature: _____

Optional Instruction:

Do not give non-prescription medication of any kind to my child without my express permission.

Exceptions: _____

Signature: _____

I hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by a licensed physician and diocesan or parish representative) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

Parent/Guardian Signature(s): _____ Date: _____

To be signed by custodial parent

For Adult Attendees: I have read and agree to observe and enforce the **NCYC Code of Conduct** and the rules set forth by the Youth Office of the Diocese of Birmingham. I understand that failure to observe said rules may result in my removal from the Conference tour, return home will be at my own additional expense.

Signature _____ Date _____

Complete Both Sides of this Form