



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 Primary Language: _____

Gender: ☐ Female ☐ Male T-Shirt Size: S M L XL XXL XXXL

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: ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Mother/Guardian

First Name: _____

Last Name: _____

☐ Check box if address is different than child's

Father/Guardian

First Name: _____

Last Name: _____

☐ Check box if address is different than child's

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

Special Needs: ☐ Wheelchair Access Required ☐ Hearing Impaired ☐ Deaf
☐ Blind/Visually Impaired* ☐ Limited Mobility ☐ Gluten Free

* Requires more than contacts or glasses

NCYC 2019 Parish Registration

Diocese of Scranton ♦ 330 Wyoming Ave ♦ Scranton, PA 18503 ♦ c/o Shannon Kowalski
Phone: 570-207-2213 ♦ Fax: 570-207-2204

Parish: _____ Location: _____
Group Leader: _____ Day Phone: (_____) _____
Address: _____ City/Zip: _____
E-Mail: _____ Evening Phone: (_____) _____

**All correspondence will be sent to the email above so please make sure this is your main contact person. If you would like anyone else to receive the group correspondence, please include their email.*

Parish Attendance Breakdown

_____ Youth (teens in 9th-12th grades in the Fall of 2019)
_____ Adults
_____ Clergy
_____ **TOTAL PILGRIMS FROM PARISH X \$150.00 = _____ Due**

NCYC Notes

Things to know before deciding...

- Buses will leave from and return to several different locations throughout the Diocese. Parishes will be assigned to a specific location in early Fall 2019.
- We will be departing the Diocese in the afternoon of Wednesday, November 20, giving the youth time to rest, recover, and enjoy NCYC.
- We will be leaving Indianapolis on Sunday, November 23rd.
- All parishes **MUST** register through the diocese.
- All pilgrims are required to travel by bus with the diocesan contingency.
- Please make all checks payable to "DIOCESE of SCRANTON." It would be helpful to write NCYC 2019 on the memo line.

NCYC 2019 PARISH ROOMING LIST

Return by August 1, 2019 to:

Diocese of Scranton ☐ 330 Wyoming Ave ☐ Scranton, PA 18503 ☐

c/o Shannon Kowalski

Phone: 570-207-2213 ♦ Fax: 570-207-2204

Parish: _____ **City/Town:** _____ **page** ____ **of** ____

- List the participants you want rooming together. It is best to let the young people come up with their own room and then leader should adjust as needed.
- Youth will be 6 per room. Adults may room in groups of 3, 2 or 1.
- DO NOT PLACE ANY ADULTS IN ROOMS WITH YOUTH
- Youth rooms with fewer than 6 will be filled by youth from other parishes. Adults will be charged according to the number of persons in the room.
- If you wish pilgrims from another parish to room with your group, write that parish name in the vacant areas for each room you wish filled by them.

☐ YOUTH ROOM ☐ ADULT ROOM

☐ MALE ☐ FEMALE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

☐ YOUTH ROOM ☐ ADULT ROOM

☐ MALE ☐ FEMALE

1. _____
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NCYC 2019 PARISH ROOMING LIST *(CONTINUED)*

Return by August 1, 2019

Parish: _____ City/Town: _____ page ____ of ____

☐ YOUTH ROOM ☐ ADULT ROOM

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1. _____
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NCYC 2019 T-SHIRT FORM

Return by September 10, 2019 to:

Diocese of Scranton □ 330 Wyoming Ave □ Scranton, PA 18503 □
c/o Shannon Kowalski

Phone: 570-207-2213 ♦ Fax: 570-207-2204

Parish: _____ Location: _____
Group Leader: _____ Day Phone: _____
e-mail: _____

Each person will receive three t-shirts: two for the Diocese of Scranton and one for Region 3

Please indicate the name of pilgrim and the size needed.

[illegible]



DIOCESE OF SCRANTON OFFICE FOR PARISH LIFE

RELEASE AND CONSENT FORM

Participant's Name: _____ Age: _____

Full Address _____

Parent/Legal Guardian:

I, _____ the undersigned, give permission
for my son/daughter _____, to participate in the Office for Parish
Life sponsored youth program, National Catholic Youth Conference, to
be held in Indianapolis on November 20 -24, 2019

- I give permission for my child, if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel.
- I relieve the Office for Parish Life Staff and the Diocese of Scranton of all responsibility and consequences that may arise as the result of scheduling such treatment.
- I will be responsible for any costs or other requirements for immediate transportation.
- I will not hold the Office for Parish Life Staff nor the Diocese of Scranton, chaperones, or representatives associated with the above mentioned program responsible in the event of injury.

MEDICAL INFORMATION (Please Print)

My child is allergic to: _____

My child must take the following medications (please indicate dosage, frequency, etc.)

Insurance Carrier _____ Policy Carrier _____

Policy Number _____

Date of Last Tetanus Booster _____

In Case of Emergency, Notify _____

Relationship to Youth _____ Telephone (____) _____

(Over Please)

PARENTAL RELEASE AND CONSENT/CODE OF BEHAVIOR

I agree that my child shall abide by all rules and regulations as outlined in the Code of Behavior. I understand that if I have not yet seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this form. I agree that if my child fails to abide by the Code or engages in any infraction of the Code, whatsoever, that my child can be immediately dismissed from the program and sent home at my responsibility and/or expense for the immediate transportation with no right of reimbursement for any amount in connection therewith.

I fully understand the consequences of the foregoing statements and sign this Release and Consent form knowingly, freely and willingly.

Parent (guardian) Signature

Date

Youth:

As a participant in the above mentioned program, I understand and agree to the Code of Behavior. I also understand and agree that my parent(s) or guardian will be notified at the time of any infraction requiring my dismissal from this program and that I will be sent home at my own or my parent's /guardian's expense.

Student Signature

Date

