



Ablaze • Enciende el Fuego

National Catholic Youth Conference 2021 Individual Participant Registration Form



DIOCESE
of
LAFAYETTE-IN-INDIANA

Please Check One:	
Youth Under 18 on 11/18/21:	<input type="checkbox"/>
Youth age 18+ on 11/18/21:	<input type="checkbox"/>
Adult Chaperone:	<input type="checkbox"/>
Young Adult (18-21):	<input type="checkbox"/>
Clergy/Priest:	<input type="checkbox"/>

Parish/School:	Parish/School Town:
Participant First Name:	Participant Last Name:
Participant Cell #:	Participant Email:
Emergency Contact Name:	Emergency Contact Phone #:
Participant Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ___/___/___
Ethnicity (choose one): 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"/> Not Known: <input type="checkbox"/> Other: <input type="checkbox"/>	
Primary Language: English: <input type="checkbox"/> Spanish: <input type="checkbox"/> ASL: <input type="checkbox"/>	T-Shirt Size: Small: <input type="checkbox"/> Medium: <input type="checkbox"/> Large: <input type="checkbox"/> X-Large: <input type="checkbox"/> 2XL: <input type="checkbox"/> 3XL: <input type="checkbox"/>
Special Needs (Mark an X for needs to be met) : Sign Language Interpretation: <input type="checkbox"/> Enhanced Listening Device: <input type="checkbox"/> Scooter/Wheelchair Rental: <input type="checkbox"/> Low Gluten Host: <input type="checkbox"/>	

Youth Only Info:	Grade at time of NCYC: 9: <input type="checkbox"/> 10: <input type="checkbox"/> 11: <input type="checkbox"/> 12: <input type="checkbox"/>
Parent Email:	
Mother/Guardian First and Last Name:	
Mother's Phone Number (in event of emergency):	
Father/Guardian First and Last Name:	
Father's Phone Number (in event of emergency):	

Adult Only Info:	Clergy/Religious: NA: <input type="checkbox"/> Sister: <input type="checkbox"/> Brother: <input type="checkbox"/> Priest: <input type="checkbox"/> Deacon: <input type="checkbox"/>
Valid Background Check: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Unknown: <input type="checkbox"/>	Valid Safe & Sacred: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Unknown: <input type="checkbox"/>

Registration and Payment Agreement:

By signing below and returning this registration to the parish representative, I, the undersigned, understand that this registration is not considered complete until the remaining balance is to be paid in full to the parish representative by stated deadlines. Should I or my child decide to not participate in the National Catholic Youth Conference held in Indianapolis, Indiana on November 18-21, 2021, my deposit and any other funds raised or paid to fulfill this obligation are non-refundable. It is my obligation to pay these fees on time by the stated deadlines in order to avoid late fees incurred. Late fees set by both the Diocese of Lafayette-in-Indiana and individual parishes are non-negotiable.

Signature: _____ **Date:** _____

General Release and Liability Waiver**Youth:**

I, _____, grant permission for my child, _____, to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan employees and/or volunteers from the Diocese of Lafayette-in-Indiana. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Lafayette-in-Indiana, its employees and agents, chaperones, or representatives associated with the 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. I agree to compensate the Diocese of Lafayette-in-Indiana, its employees and agents and chaperones, or representative associated with the event, for reasonable attorney's fees and expenses which may incur any action brought against them as a result of such injury or damage unless such claim arises from the negligence of the parish/diocese.

In the event of an emergency, I hereby give my 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, contact the listed Emergency Contact included above.

I grant to the Diocese of Lafayette-in-Indiana the right, privilege and license to use the picture or likeness of my child in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child for the purpose of publicizing, fostering and promoting the diocese and its programs, or for any other purpose in furtherance of the mission of the Diocese of Lafayette-in-Indiana.

P/G Signature: _____ **Date:** _____

Adult:

I, _____, the undersigned, agree to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan employees and/or volunteers from the Diocese of Lafayette-in-Indiana. I remain legally responsible for any personal actions taken by my own self.

I agree on behalf of myself, our heirs, successors, and assigns, to hold harmless and defend the Diocese of Lafayette-in-Indiana, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the Diocese of Lafayette-in-Indiana, its employees and agents and chaperones, or representative associated with the event, for reasonable attorney's fees and expenses which may incur any action brought against them as a result of such injury or damage unless such claim arises from the negligence of the parish/diocese.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

I grant to the Diocese of Lafayette-in-Indiana the right, privilege and license to use my picture or likeness in any photograph, movie, video production or any other forms of media publication and to use my verbal or written statements or declarations for the purpose of publicizing, fostering and promoting the diocese and its programs, or for any other purpose in furtherance of the mission of the Diocese of Lafayette-in-Indiana.

Signature: _____ **Date:** _____