



Diocese of Belleville

NCYC 2015 Participant Information Worksheet

Group Leaders: You may use this worksheet to have participants fill out the information you will need to register your group members online.

First Name:	
Preferred First Name on Badge:	
Last Name	
(Arch)Diocese Name	Belleville
Parish/School Name (Make sure to use Exact name for every entry.)	
Region Number	7
Participant Address	
Participant City	
Participant State	Illinois
Participant Zipcode	
Participant email	
Participant Mobile Phone # (use 000-000-0000 if none)	
Participant Emergency Contact Name	
Participant Emergency Contact Phone #	
Parish/School Group Leader Email Address	
Registration Type	Participant
Participant Adult/Youth	<input type="checkbox"/> Adult <input type="checkbox"/> Youth
Participant 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"/> Not Known <input type="checkbox"/> Other
Participant Needs	<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Limited Mobility <input type="checkbox"/> Blind/Visually Impaired <input type="checkbox"/> Wheelchair Access Req'd <input type="checkbox"/> Deaf <input type="checkbox"/> Gluten Free
T-Shirt Size	<input type="checkbox"/> Men's Small <input type="checkbox"/> MM <input type="checkbox"/> ML <input type="checkbox"/> MXL <input type="checkbox"/> MXXL <input type="checkbox"/> M3XL <input type="checkbox"/> Larger than M3X
	<input type="checkbox"/> Ladies' Small <input type="checkbox"/> LM <input type="checkbox"/> LL <input type="checkbox"/> LXL <input type="checkbox"/> LXXL <input type="checkbox"/> L3XL <input type="checkbox"/> Larger than L3X



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Youth Only Fields	
Grade at Time of NCYC	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Not Yet in H.S.
Participant Mother/Guardian First Name	
Participant Mother/Guardian Last Name	
Check box if Mother's address is different from Child's	<input type="checkbox"/> Mother's address is different from child's
Participant Father/Guardian First Name	
Participant Father/Guardian Last Name	
Check box if Mother's address is different from Child's	<input type="checkbox"/> Father's address is different from child's
Adult Only Fields	
Clergy/Religious	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Priest <input type="checkbox"/> Deacon <input type="checkbox"/> None
Safe Environment/Youth Protection Compliance	<input type="checkbox"/> Current/Valid Background Check <input type="checkbox"/> Current/Valid Training