NCYC 2025 Archdiocese of Philadelphia Individual Registration Form

Formal First Name(Legal name, e.g. "Robert")	Ethnicity: (check one) Asian/Pacific Islander	
Preferred First Name	□ Black□ Hispanic□ Native American	
Address	WhiteMulti-Ethnic	
City	Not KnownOther	
State Zip	Primary Language: (check one) □ English	
Date of Birth//	□ Spanish □ ASL	
Participant Mobile Phone () If participant does not have a mobile phone, leave blank	□ Other	
Emergency Contact Name	Check any special needs: (check all that apply) Sign Language Interpreter 	
Emergency Contact Phone	English to Spanish TranslationLow Gluten Host	
Adult or Youth:YouthAdult		
Gender: Male Female		
T-shirt Size □ Small □ Large □ 2XL □ Medium □ 1XL □ 3XL		
Participant Email		
Parent/Guardian Email Please write legibly		
Dietary Needs/Limitations: Gluten Free Vegan	 □ Nut Allergies □ Other: 	
For Minors OnlyMother's First NameGrade at time of NCYCMother's First Name		
□ 9 □ 10 Mother's Last Name		
□ 11 Mother's Address Differ □ 12	rent from Child 🛛 Yes 🗍 No	
Father's Last Name Father's Address Differe	ent from Child 🛛 Yes 🗍 No	
For Adults OnlyMinister at (Check one)	All adults must provide the Office for Ministry with Youth with proof of their checks and clearances per the Office for	