



# NOR-WEST 2024 FALL REGISTRATION

(This registration form is for participants living at home with families)

ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE: SEPTEMBER 2<sup>nd</sup>

Nor-West  
PO Box 44  
Mohegan Lake, NY 10547  
(914) 737-4797

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_

PARTICIPANT'S MAILING ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOTHER'S NAME/CELL \_\_\_\_\_ Street \_\_\_\_\_ Town/City/Zip \_\_\_\_\_  
FATHER'S NAME/CELL \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON: (someone Nor-West will be able to contact in place of you)

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CARE MANAGER: (if applicable) NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

SELF DIRECTED SERVICES - Y/N \_\_\_\_\_ (If Yes) F.I. NAME/PHONE \_\_\_\_\_

DAY PROGRAM/SCHOOL INDIVIDUAL ATTENDS: \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

### \*PHOTO/VIDEO RELEASE: Please check one:

\_\_\_\_\_ I hereby grant permission to Nor-West Regional Special Services to use my son/daughter's likeness, picture, voice, words, or name in either television, radio, film, video, Facebook, newspapers, magazines, brochures, flyers, website and other media, in any form, for the express purpose of advertising, fund-raising, or communicating the programs and services of Nor-West. **Anyone boarding a Nor-West vehicle agrees to be videotaped as part of the agency's risk management protocols.**  
\_\_\_\_\_ I do not consent to the above photo release.

### \*HOSPITAL RELEASE AND PERMISSION - PLEASE COMPLETE

I give my permission, in case of injury, to take the above-named Nor-West participant to the hospital for treatment, to include evaluation for injuries, x-ray and any needed care.

HOSPITALIZATION INSURANCE COMPANY: \_\_\_\_\_ ID #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

PRIMARY DIAGNOSIS: \_\_\_\_\_ HISTORY OF SEIZURES: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, TYPE: \_\_\_\_\_

\*SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)

\*\*\*\*\* NOR-WEST DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE TO ITS PARTICIPANTS \*\*\*\*\*

PLEASE SEE REVERSE SIDE FOR REGISTRATION FORM

#### OFFICE USE:

( ) Inst. Swim ( ) Rec swim ( ) Game Sav ( ) SO ( ) Culinary ( ) Adult Bowl ( ) Soc. S ( ) Aft. Adv. ( ) Youth Bowl ( ) T of W ( ) VC ( ) Halloween ( ) X-mas ( ) RCC

LOS: \_\_\_\_\_

Name: \_\_\_\_\_

Circle fees (except pay at site)

PLACE (X) TO REGISTER	ADULT/TEEN PROGRAM NAME	Venue Fees Payment due with registration	Pay at site	
( )	Recreational Swim (start date 9/16)	\$120	N/A	
( )	Game Night at Savannah's (10/7, 11/4, 12/2)	N/A	\$22	
( )	Special Olympic Training (start date 9/17) <i>Transportation –</i> <i>Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	N/A	N/A	
( )	Culinary Creations (Pick <u>one</u> session start date   <u>6 weeks each</u> ) _____ 9/18 or _____ 11/6	\$70	N/A	
( )	Adult Bowl & Snack Bar Social (start date 9/19) <i>Transportation –</i> <i>Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	N/A	\$18	
( )	Rotary Community Corp of NW (10/4, 11/1, 12/6)	N/A	N/A	
( )	Social Scene (start date 9/20)	\$50	N/A	
( )	Afternoon Adventures (Start date 9/28)	\$250	N/A	
( )	Tastes of the Hudson Valley (9/28 and 12/14)	N/A	\$30	
( )	Variety Club (9/22, 10/6, 10/20, 11/3, 11/17, 12/1)	\$150	N/A	
( )	Lunch and A Movie (please pick 1 <sup>st</sup> and 2 <sup>nd</sup> choice ) _____ 9/29 or _____ 12/8 <i>Transportation –</i> <i>Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	N/A	\$36	
( )	ARMY Black Knights Football (9/21) <i>Transportation</i> <i>Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	\$60	N/A	
( )	Halloween Dance (10/19) <i>Transportation –</i> <i>Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	\$18	N/A	
( )	Jessica Lynn Christmas - Peekskill Paramount (12/15) <i>Transportation –</i> <i>Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	\$60	N/A	
<b>YOUTH/TEEN PROGRAMS</b>				
( )	Instructional Swim (Start date 9/16)	\$120	N/A	
( )	Fun, Fitness, Friends (10/11 - 11/22)	N/A	N/A	
		<b>Venue total</b>	<b>Pay at site</b>	<b>TOTAL</b>
	<b>Total due with registration</b>	\$	N/A	\$

OFFICE USE ONLY:

REG. RCVD: \_\_\_\_\_ CHECK # \_\_\_\_\_ VENUE FEE: \_\_\_\_\_ TOTAL AMT: \_\_\_\_\_

DATE LOGGED: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_ CREDIT VOUCHER # \_\_\_\_\_ CREDIT VOUCHER AMT: \_\_\_\_\_