



# NOR-WEST 2024 SUMMER 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: JUNE 14<sup>TH</sup>

Nor-West  
PO Box 420  
Crugers, NY 10521  
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: \_\_\_\_\_

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, newspaper, 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:

( ) Mini Golf ( ) Game Night ( ) D & M ( ) Playland ( ) Splash ( ) RCCNW ( ) Social ( ) Mets ( ) Daryl ( ) HV Ren ( ) Wild W ( ) Duck

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

Circle fees (except pay at site)

PLACE (X) TO REGISTER	PROGRAM NAME	Venue Fees Payment due with registration	Pay at site	
( )	<b>Miniature Golf/Pizza (Start Date: 7/9)</b> <i>Transportation:</i> Pick-Up: <input type="checkbox"/> Drop-off: <input type="checkbox"/>	N/A	\$25 Each week	
( )	<b>(Wednesdays for the summer)</b> <b>Game Night at Savannah's (7/10, 7/24, 8/7)</b>	N/A	\$24 Each Date	
( )	<b>Dinner IN and A Movie</b> <b>7/17_____</b>	\$30	N/A	
( )	<b>Playland (7/31)</b> <i>Transportation:</i> Pick-Up: <input type="checkbox"/> Drop-off: <input type="checkbox"/>	\$35	N/A	
( )	<b>Splash and Dine (Start Date: 7/11)</b> <i>Transportation:</i> Pick-Up: <input type="checkbox"/> Drop-off: <input type="checkbox"/>	\$50	N/A	
( )	<b>Nor-West Rotary Community Corp (7/26, 8/9)</b>	Free	Free	
( )	<b>The Summer Social (Start Date: 7/12)</b>	\$15	N/A	
	<b><u>Weekend Special Events</u></b> <b>(Pick a Maximum of 3)</b>			<b>Check to be waitlisted</b>
( )	<b>NY Mets (Sun. 7/14)</b>	\$63	N/A	( )
( )	<b>Daryl's House Brunch and Rock (Sat. 7/20)</b>	\$30	N/A	( )
( )	<b>Hudson Valley Renegades (Sun. 7/21)</b>	\$45	N/A	( )
( )	<b>Wild West City (Sat. 8/3)</b>	\$30	N/A	( )
( )	<b>Duck Pin Bowling and Red Rooster (Sat. 8/10)</b>	\$40	N/A	( )
	<b><i>**Payment plans available. Contact Nor-West.</i></b>	<b><u>Venue total</u></b>		<b><u>TOTAL</u></b>
	<b><u>Total due with registration</u> →</b>	\$	N/A Pay at site!	\$

**Scholarships available through the Friends of Nor-West.  
Please contact the Nor-West office for additional information.**

**OFFICE USE ONLY:**

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

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