



# NOR-WEST FALL 2018 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 SEPT 4<sup>th</sup>

Nor-West  
PO Box 420  
Crugers, NY 10521  
737-4797

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

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

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

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

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

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

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

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

DISMISSAL TIME: \_\_\_\_\_ TRANSPORTATION TO AND FROM DAY PROGRAM/SCHOOL PROVIDED BY: \_\_\_\_\_

NOR-WEST PICK UP LOCATION \_\_\_\_\_ NOR-WEST DROP OFF LOCATION: \_\_\_\_\_

**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, 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.

\_\_\_\_\_ I **do not** consent to the above photo release.

**Anyone boarding a Nor-West vehicle agrees to be videotaped as part of the agency's risk management protocols**

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

(PARENT/GUARDIAN SIGNATURE)

**HOSPITAL RELEASE AND PERMISSION - PLEASE COMPLETE**

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

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

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

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

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

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

**PLEASE SEE REVERSE SIDE FOR REGISTRATION FORM**

OFFICE USE: Youth ( ) Lap Swim ( ) SO Train ( ) Instruct. Bowl ( ) Afternoon Adventures  
Adult: ( ) Rec Swim ( ) Trivia ( ) Creative Collab ( ) SO ( ) Cooking ( ) Adult Bowl ( ) Social Scene ( ) Variety ( ) Dinner/ Movie ( ) Army ( ) Halloween ( ) Christmas Spec

**PARTICIPANT'S NAME:** (PLEASE PRINT) \_\_\_\_\_

PLACE (X) TO REGISTER	YOUTH PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORTION	OFFICE USE ONLY
( )	INSTRUCTIONAL SWIM	Mon. 9/17	N/A	\$122	N/A	
( )	SPECIAL OLYMPICS TRAINING	Tues. 9/25	N/A	N/A	N/A	
( )	INSTRUCTIONAL BOWL	Sat. 9/22	N/A	\$7 per week. Pay at site	N/A	
( )	AFTERNOON ADVENTURES	Sat. 9/22	N/A	\$160 for prepaid tickets due with registration	N/A	
			<b>Reg. Total</b>	<b>↓Venue Total↓</b>		
<b>TOTAL</b>			N/A			

PLACE (X) TO REGISTER	ADULT /TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	No fee for transportation Please circle your trans. needs		OFFICE USE ONLY
					One-way	Round Trip	
( )	RECREATIONAL SWIM	Mon. 9/17	N/A	\$60	N/A	N/A	
( )	TRIVIA CHALLENGE	Mon. 9/24, 10/22, 11/19, 12/10	N/A	\$20 per outing Pay at site	N/A	N/A	
( )	CREATIVE COLLABORATIVE	Tues. 9/25	N/A	\$50	No Fee	N/A	
( )	SPECIAL OLYMPICS TRAINING	Tues. 9/25	N/A	N/A	No Fee	No Fee	
( )	COOKING CLASS	Wed. 9/26	N/A	\$120	No Fee	No Fee	
( )	ADULT LEAGUE BOWL & SNACK BAR SOCIAL	Thurs. 9/20	N/A	\$16 per week Pay at site	No Fee	No Fee	
( )	SOCIAL SCENE	Fri. 9/21	N/A	\$20	No Fee	No Fee	
( )	VARIETY CLUB	Sun. 9/16	N/A	\$100 for prepaid tickets due with registration	N/A		
( )	DINNER & A MOVIE	Sun. 10/7 & 11/4	N/A	\$29 day of outing Pay at site	No Fee	No Fee	
( )	ARMY FOOTBALL	Sat. 9/15	N/A	\$40	Included		
( )	HALLOWEEN MONSTER MASH	Sat. 10/27	N/A	\$12	No Fee	No Fee	
( )	RADIO CITY CHRISTMAS SPECTACULAR	Sun. 11/18	NA	\$67	Included		
			<b>Reg. Total</b>	<b>↓Venue Total↓</b>			
<b>TOTAL</b>			N/A				

OFFICE USE ONLY: REG. RCVD: \_\_\_\_\_ CHECK # \_\_\_\_\_ VENUE FEE: \_\_\_\_\_ TRANS FEE: \_\_\_\_\_ TOTAL AMT: \_\_\_\_\_

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