



# NOR-WEST WINTER/SPRING 2018 REGISTRATION

This registration form is for participants who live in a State Certified Residence (IRA, SUPPORTED APARTMENT, GROUP HOME)

ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE Dec. 22<sup>nd</sup>

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

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

PARTICIPANT'S MAILING ADDRESS: \_\_\_\_\_  
Street Town/City/Zip

HOME PHONE \_\_\_\_\_ MANAGERS'S CELL \_\_\_\_\_

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

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

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

MEDICAID SERVICE COOR.(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:

Adult: ( ) SO Train ( ) Creative Collab ( ) Cooking ( ) Adult Bowl ( ) Social Scene ( ) Variety Club ( ) Dinner & Movie ( ) West. Knicks ( ) St. Pat ( ) Rocktopia ( ) Sister Act

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

PLACE (X) TO REGISTER	ADULT /TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORT. Please circle		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					RT	OW	
( )	SPECIAL OLYMPICS TRAINING	Tues. 1/16	\$230	N/A	\$200	\$100	
( )	CREATIVE COLLABORATIVE	Tues. 4/3	\$290	\$60	N/A	\$50	
( )	COOKING CLASS ____ session 1 ____ session 2 ____ session 3 ____ ____ I want all three, if available Indicate 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> priority.	Wed. 1/17 (1) 3/7 (2) 4/25 (3)	\$135 each session	\$60 each session	\$60	\$30	
( )	ADULT LEAGUE BOWL & SNACK BAR SOCIAL	Thurs. 1/18	\$210	\$16 per week Pay at site	\$180	\$90	
( )	SOCIAL SCENE	Fri. 1/19	\$235	N/A	No Fee	No fee	
( )	VARIETY CLUB	Sun. 1/21	\$250	\$80 for prepaid tickets due with registration	N/A		
( )	DINNER & A MOVIE	Sun. 1/14	\$50	\$29 day of outing Pay at site	\$20	\$10	
( )	WESTCHESTER KNICKS	Sat. 2/24	\$30	\$15	Included		
( )	ST. PATRICK'S DANCE	Sat. 3/10	\$12	\$12	\$10	\$5	
( )	ROCKTOPIA	Sat. 4/14	\$25	\$40	Included		
( )	SISTER ACT	Sun. 6/3	\$25	\$81	Included		
			↓Reg. Total↓	↓Venue Total↓	↓Trans.Total↓		↓GRANDTOTAL↓
<b>TOTAL</b>							

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

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