



NOR-WEST WINTER/SPRING 2019 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 DEC. 21st

*Nor-West
 PO Box 420
 Crugers, NY 10521
 737-1707*

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

Street _____ Town/City/Zip _____
HOME PHONE _____ **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** () Swim () SO Train () Instruct. Bowl () Afternoon Adventures
Adult: () Rec Swim () Trivia () SO () Creative Collab () Cooking () Adult Bowl () Social Scene () Tastes () Variety () Dinner/ Movie () St. Pat () BHOF () Decades

PARTICIPANT'S NAME: (PLEASE PRINT) _____

PLACE (X) TO REGISTER	YOUTH PROGRAMS	START DAY/DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORTION	OFFICE USE ONLY
()	INSTRUCTIONAL SWIM	Mon. 1/28	N/A	\$135	N/A	
()	SPECIAL OLYMPICS TRAINING	Tues. 1/15	N/A	N/A	N/A	
()	INSTRUCTIONAL BOWL	Sat. 1/12	N/A	\$7 per week. Pay at site	N/A	
()	AFTERNOON ADVENTURES	Sat. 1/12	N/A	\$230 for prepaid tickets due with registration	N/A	
TOTAL			N/A			

PLACE (X) TO REGISTER	ADULT /TEEN PROGRAMS	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. 1/28	N/A	\$75	N/A	N/A	
()	TRIVIA CHALLENGE	Mon. 2/4, 3/4, 4/1, 5/6, 6/3	N/A	\$20 per outing Pay at site	N/A	N/A	
()	SPECIAL OLYMPICS TRAINING	Tues. 1/15	N/A	N/A	No Fee	No Fee	
()	CREATIVE COLLABORATIVE	Tues. 2/26	N/A	\$90	No Fee	N/A	
()	COOKING CLASS ____ session 1 ____ session 2 ____ I want both if available (indicate 1 st , 2 nd , priority)	Wed. 1/16 & 3/27	N/A	\$90 per session	No Fee	No Fee	
()	ADULT LEAGUE BOWL & SNACK BAR SOCIAL	Thurs. 1/17	N/A	\$16 per week Pay at site	No Fee	No Fee	
()	SOCIAL SCENE	Fri. 1/18	N/A	\$25	No Fee	No Fee	
()	TASTES OF WESTCHESTER	Sat. 2/2, 3/9, 4/13, 5/11, 6/8	N/A	\$150	No Fee	No Fee	
()	VARIETY CLUB	Sun. 1/27	N/A	\$90 for prepaid tickets due with registration	N/A		
()	DINNER & A MOVIE	Sun. 1/20 & 6/2	N/A	\$29 day of outing Pay at site	No Fee	No Fee	
()	ST. PATRICK'S DANCE	Sat. 3/16	N/A	\$12	No Fee	No Fee	
()	BASKETBALL HALL OF FAME	Sun. 4/28	NA	\$18	Meets at Nor-West office		
()	DANCING THROUGH THE DECADES	Sat. 6/15	N/A	\$12	No Fee	No Fee	
TOTAL			N/A				

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

DATE LOGGED: _____ BALANCE DUE: _____ CREDIT VOUCHER # _____ CREDIT VOUCHER AMT: _____