



NOR-WEST SUMMER 2021 REGISTRATION

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

PO Box 420
Crugers, NY 10521
737-4797

PLEASE NOTE: ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE June 14th

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

HOME PHONE _____ Number _____ Street _____ MANAGERS'S CELL _____ Town/City _____ Zip _____

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

1) NAME: _____ PHONE: _____ RELATIONSHIP _____

2) NAME: _____ PHONE _____ RELATIONSHIP _____

CARE COORDINATOR (if applicable) NAME: _____ AGENCY: _____ PHONE: _____

NOR-WEST PICK UP LOCATION _____ NOR-WEST DROP OFF LOCATION: _____

***COVID COMPLIANCE:** _____ Please check if the above-named is fully vaccinated against Covid-19

I certify that the above-named Nor-West participant can independently follow all Covid-19 mask-wearing requirements required by Nor-West and any facilities used for agency programs. Additionally, the above Nor-West participant and their family/guardian/agent release Nor-West Regional Special Services and the Town of Cortlandt from any illnesses relating to Covid-19.

***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: **Weekday:** () Trivia () Mini Golf () Dinner & Movie () Playland () Bun & Fun () Cooking
Special Events: () Renegades () Candy () Medieval () Hudson Exp () Mets

PARTICIPANTS NAME: (PLEASE PRINT) _____

RT= ROUND TRIP TRANS. OW= ONE WAY TRANS.

PLACE (X) TO REGISTER	PROGRAMS	START DATE	REGIST- RATION FEE	VENUE CHARGE	TRANSPORT		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					please circle RT or OW when requesting transportation		
					RT	OW	
()	Dinner & Trivia Challenge	7/12	\$65	\$22 each session pay on site	N/A	N/A	
()	Mini Golf and Pizza	7/6	\$85	\$22 each session pay on site	\$60	\$30	
()	Dinner and Movie Indicate 1 st and 2 nd choices _____ July 7, _____ July 28	7/7 or 7/28	\$25	\$30 pay on site	\$10	\$5	
()	Playland/Walters Hot Dogs	7/14	\$25	\$25 (Bring additional \$15 cash for dinner)	Included		
()	Buns & Fun	7/8	\$75	\$40	\$60	\$30	
()	Cooking Class	7/9	\$90	\$45	N/A	N/A	
()	HV Renegades	7/11	\$20	\$30	Included		
()	Candy Experience	7/17	\$44	\$20	Included		
()	Medieval Times	8/1	\$40	\$44	Included		
()	Hudson River Experience	8/7	\$25	\$28	Included		
()	NY Mets	8/15	\$30	\$46	Included		
TOTALS:							

OFFICE USE ONLY:

REG. RCVD: _____ DATE ENTERED: _____ REG. FEE: _____ VENUE CHG: _____ TRANS. FEE: _____
CHECK # _____ CHECK AMT: _____ CV # _____