



NOR-WEST 2022 FALL 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 9th

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

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

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

EMAIL ADDRESS (FOR ZOOM): _____

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

DAY PROGRAM/SCHOOL INDIVIDUAL ATTENDS: _____ PHONE _____ CONTACT PERSON: _____

***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, 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:
() Rec swim () Game Sav () SO () Cooking () WOF () Bowl () Soc. S () VC () Halloween () Y swim () Aft Adv

Name: _____

Circle fees (except pay at site)

PLACE (X) TO REGISTER	ADULT/TEEN PROGRAM NAME	Venue Fees Payment due with registration	Pay at site	
()	Recreational Swim (start date 9/19)	\$88	N/A	
()	Game Night at Savannah's (10/3, 11/7, 12/5)	N/A	\$22	
()	Special Olympic Training (start date 9/20)	N/A	N/A	
()	Cooking Crew (start date 9/21)	\$120	N/A	
()	Zoom Wheel of Fortune (9/28, 10/26, 11/30)	N/A	N/A	
()	Adult Bowl & Snack Bar Social (start date 9/22) Transportation: Pick-Up: <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown Drop-off: <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	N/A	\$18	
()	Social Scene (start date 9/23)	\$25	N/A	
()	Variety Club (start date 10/2)	\$100	N/A	
()	Dinner and A Movie (please pick one outing) _____ 10/9 or _____ 11/20 Transportation: Pick-Up: <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown Drop-off: <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	N/A	\$34	
()	Halloween Monster Mash (10/22) Transportation: Pick-Up: <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown Drop-off: <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	\$18	N/A	
YOUTH/TEEN PROGRAMS				
()	Instructional Swim (Start date 9/19)	\$88	N/A	
()	Afternoon Adventures (Start date 9/17)	\$240	N/A	
		Venue total	Pay at site	TOTAL
	Total due with registration		N/A	

OFFICE USE ONLY:

REG. RCVD: _____ CHECK # _____ VENUE FEE: _____ TOTAL AMT: _____

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