



NOR-WEST 2022 FALL 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 SEPT > 9th

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 _____ MANAGER'S 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, 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:
 Rec swim Game Sav SO Cooking WOF Bowl Soc. S VC Halloween

Name: _____

Circle fees and add all columns (except pay at site)

PLACE (X) TO REGISTER	ADULT/TEEN PROGRAM NAME	Venue Fees Payment due with registration	Registration fees	Transportation Fee	Pay at site	
()	Recreational Swim (start date 9/19)	\$88	\$66	N/A	N/A	
()	Game Night at Savannah's (10/3, 11/7, 12/5)	N/A	\$45	N/A	\$22 Pay At Site	
()	Special Olympic Training (start date 9/20)	N/A	\$132	N/A	N/A	
()	Cooking Crew (start date 9/21)	\$120	\$250	N/A	N/A	
()	Zoom Wheel of Fortune (9/28, 10/26, 11/30))	N/A	N/A	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	\$190	<input type="checkbox"/> \$60 One-way or <input type="checkbox"/> \$120 Both ways	\$18 Pay At Site	
()	Social Scene (start date 9/23)	\$25	\$165	N/A	N/A	
()	Variety Club (start date 10/2)	\$100 For prepaid tickets	\$170	N/A	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	\$25	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways	\$34 Pay At Site	
()	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	\$20	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways	N/A	
		Venue total	Registration total	Transportation total	Pay at site	TOTAL
Total due with registration (add all columns)					N/A	

OFFICE USE ONLY:

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

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