



NOR-WEST 2021 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. 10th

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

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

HOME PHONE _____ Street _____ Town/City/Zip _____
MOTHER'S NAME/CELL _____ 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, 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 () Sports () Cooking () WOF () Bowl () Soc. S () VC () D&M () Halloween () Y swim () Y Bowl () Aft Adv

Name: _____

RT= ROUND TRIP TRANS. OW= ONE WAY TRANS

PLACE (X) TO REGISTER ()	ADULT/TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORTATION		OFFICE USE ONLY
					please circle RT or OW when requesting transportation RT OW		
()	RECREATIONAL SWIM	Mon. 9/20	N/A	\$80	N/A		
()	GAME NIGHT AT SAVANNAH'S	Mon. 10/4, 11/1, 12/6	N/A	\$22 pay at site	N/A		
()	SPORTS TRAINING	Tues. 9/21	N/A	N/A	N/A		
()	COOKING	Wed. 9/22	N/A	\$165	N/A		
()	ZOOM WHEEL OF FORTUNE	Wed. 9/22	N/A	N/A	N/A		
()	ADULT LEAGUE BOWL & SNACK BAR SOCIAL	Thurs. 9/23	N/A	\$16 pay at site	No Fee	No Fee	
()	SOCIAL SCENE	Fri. 9/24	N/A	\$25	N/A		
()	VARIETY CLUB	Sun. 9/19	N/A	\$60 for prepaid tickets due with registration	N/A		
()	DINNER AND A MOVIE	Sun. 10/10, 11/21	N/A	\$32	No Fee	No Fee	
()	HALLOWEEN MONSTER MASH	Sat. 10/23	NA	\$15	N/A		
PLACE (X) TO REGISTER	YOUTH/TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORTATION		OFFICE USE ONLY
()	INSTRUCTIONAL SWIM	Mon. 9/20	N/A	\$132	N/A		
()	INSTRUCTIONAL BOWL	Sat. 9/25	N/A	\$7 per week. Pay at site	N/A		
()	AFTERNOON ADVENTURES	Sat. 9/25	N/A	\$165 for prepaid tickets due with registration	N/A		
TOTAL							

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

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