



NOR-WEST 2023 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: SEPTEMBER 1ST

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

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

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

EMAIL ADDRESS (FOR ZOOM): _____
EMERGENCY CONTACT PERSON: (someone Nor-West will be able to contact in place of you)

1) NAME: _____ PHONE: _____ RELATIONSHIP _____

2) NAME: _____ PHONE _____ RELATIONSHIP _____

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

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

***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:

() Inst. Swim () Rec swim () Game Sav () SO () Culinary () Adult Bowl () Soc. S () Aft. Adv. () Youth Bowl () T of W () VC () Halloween () X-mas

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 9/18)	\$96	N/A	
()	Game Night at Savannah's (10/2, 11/6, 12/4)	N/A	\$22	
()	Special Olympic Training (start date 9/19)	N/A	N/A	
()	Culinary Creations (Pick <u>one</u> session start date <u>6 weeks each</u> _____ 9/20 or _____ 11/8)	\$72	N/A	
()	Adult Bowl & Snack Bar Social (start date 9/21) <i>Transportation – Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	N/A	\$18	
()	Social Scene (start date 9/22)	\$25	N/A	
()	Afternoon Adventures (Start date 9/23)	\$210	N/A	
()	Tastes of the Hudson Valley (9/23 and 12/2)	N/A	\$30	
()	Variety Club (10/1, 10/15, 10/29, 11/12, 12/3, 12/17)	\$100	N/A	
()	Lunch and A Movie (please pick 1 st and 2 nd choice) _____ 10/22 or _____ 12/10 <i>Transportation – Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	N/A	\$36	
()	Halloween Dance (10/28) <i>Transportation – Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	\$18	N/A	
	Jessica Lynn Christmas - Peekskill Paramount (12/16) <i>Transportation – Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Cortlandt <input type="checkbox"/> Yorktown	\$60	N/A	
	<u>YOUTH/TEEN PROGRAMS</u>			
()	Instructional Swim (Start date 9/18)	\$96	N/A	
()	Youth Bowling (start Date 9/23) <i>Transportation – Pick-Up/Drop Off</i> <input type="checkbox"/> Peekskill, Welcher Ave. or <input type="checkbox"/> Ossining, Caputo Rec. Center	N/A	N/A	
()	Fun, Fitness, Friends (Dates TBD...Check if interested!)	TBD	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: _____