



NOR-WEST 2023 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: SEPTEMBER 1st

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 _____
MANAGER'S 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: _____

***PHOTOMVIDEO 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 () 50 () Cutinary () Adult Bowl () Soc. S () Aft. Adv. () Youth Bowl () T of W () VC () Halloween () X-mas

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 9/18)	\$96	\$72	N/A	N/A	
()	Game Night at Savannah's (10/2, 11/6, 12/4)	N/A	\$45	N/A	\$22	
()	Special Olympic Training (start date 9/19)	N/A	\$144	N/A	N/A	
()	Culinary Creations (Pick <u>one</u> session start date) _____ 9/20 or _____ 11/8	\$72	\$126	N/A	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	\$195	<input type="checkbox"/> \$65 One-way or <input type="checkbox"/> \$130 Both ways	\$18	
()	Social Scene (start date 9/22)	\$25	\$180	N/A	N/A	
()	Tastes of the Hudson Valley (9/23 and 12/2)	N/A	\$70		\$30	
()	Variety Club (start date 10/1)	\$100 For prepaid tickets	\$170	N/A	N/A	
()	Lunch and A Movie (please pick one outing) _____ 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	\$33	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways	\$36 Pay At Site	
()	Halloween Monster Mash (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	\$20	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways	N/A	
()	Jessica Lynn Christmas (12/16) <i>Transportation:</i> <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	\$30	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways		
		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: _____