



# 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 1<sup>ST</sup>**

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 )	\$70	N/A	
( )	Variety Club (10/1, 10/15, 10/29, 11/12, 12/3, 12/17)	\$100	N/A	
( )	Lunch and A Movie (please pick 1 <sup>st</sup> and 2 <sup>nd</sup> 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	
<b><u>YOUTH/TEEN PROGRAMS</u></b>				
( )	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: \_\_\_\_\_