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Special Recreation for Special Populations

**PREP 2018 REGISTRATION FORM**

*Deadline to register May 11, 2018*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone (M) : \_\_\_\_\_ Cell Phone (F): \_\_\_\_\_

**PARENT/GUARDIAN EMPLOYMENT INFORMATION:**

Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Hrs: \_\_\_\_\_ to \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Hrs: \_\_\_\_\_ to \_\_\_\_\_

**EMERGENCY CONTACT PERSON: (Someone Nor-West will be able to contact in place of yourself)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUGUST 6 to August 24, 2018**

Please indicate the weeks you will be attending. We need a minimum of 8 participants to run the program.

Payment for venue fees for trips are required with registration

\_\_\_\_\_ Attending all 3 weeks (August 6-24)

\_\_\_\_\_ Week 1 (August 6-10)

\_\_\_\_\_ Week 2 (August 13- 17)

\_\_\_\_\_ Week 3 (August 20- 24)

Transportation

\_\_\_\_\_ \$80 venue fee

\_\_\_\_\_ \$80 venue fee

\_\_\_\_\_ \$80 venue fee

\_\_\_\_\_ (optional see back for fees)

Total \$ \_\_\_\_\_

**HOSPITAL RELEASE AND PERMISSION - PLEASE COMPLETE**

I give my permission in case of injury to take my son/daughter to the hospital for treatment, to include evaluation for injuries, x-ray and any needed care.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

Hospitalization Insurance Co: \_\_\_\_\_ ID#: \_\_\_\_\_

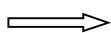
Primary diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (list all): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

History of seizures: \_\_\_\_\_ yes \_\_\_\_\_ no If yes, type: \_\_\_\_\_

SEE BACK 

NAME: \_\_\_\_\_

Transportation is available from central stops in our catchment area (Cortlandt, Ossining, Peekskill & Yorktown). We reserve the right to eliminate a stop if there is a single rider. Transportation must be paid in full and submitted with your registration form. Door-to-door transportation may be available for special circumstances at an additional fee. Please contact the Nor-West office for further assistance.

**TRANSPORTATION FEES:**

**Nor-West Catchment Area (Cortlandt, Ossining, Peekskill & Yorktown)**

Round trip (1 week) = \$ 50	One-way (1 week) = \$25
Round trip (2 weeks) = \$100	One-way (2 weeks) = \$50
Round trip (3 weeks) = \$150	One-way (3 weeks) = \$75

**Out of Catchment Area:**

Round trip (1 week) = \$ 70	One-way (1 week) = \$35
Round trip (2 weeks) = \$140	One-way (2 weeks) = \$70
Round trip (3 weeks) = \$210	One-way (3 weeks) = \$105

Please send payment to:

Nor-West  
PO Box 420  
Crugers, NY 10521

Check transportation pick-up/drop-off point that is best for you. This location is not guaranteed, but will be used for transportation planning. Indicate first and second choice. (1, 2) Minimum of 2 people at each stop

Kmart, Yorktown \_\_\_\_\_

Shoprite, Croton \_\_\_\_\_

BJ's Yorktown \_\_\_\_\_

Child's World, Peekskill (across from Beach Shop. \_\_\_\_\_

Parent drop off at Nor-West Charles Cook Park 9:00am \_\_\_\_\_

Parent pick up at Nor-West Charles Cook Park 5:00pm \_\_\_\_\_

**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, newspapers, magazines, brochures, flyers, and other media, in any form, for the express purpose of advertising, fund-raising, or communication of the programs and services of Nor-West.

\_\_\_\_\_ I do not consent to the above photo release.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*NOR -WEST DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE TO ITS PARTICIPANTS\*\*\*\*\*

Registrations accepted on a first come basis with priority given to our catchment area residents  
Out of area residents will be wait-listed and accepted after the deadline, as space permits

**FOR OFFICE USE ONLY**

DATE RCV'D \_\_\_\_\_ ID # \_\_\_\_\_ CK # \_\_\_\_\_ AMT RCV'D \_\_\_\_\_ DATE: ENTERED \_\_\_\_\_