



WENDY GREENFIELD
DIRECTOR

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Special Recreation for Special Populations

PREP 2022 REGISTRATION FORM

Deadline to register June 24, 2022

Name: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Email: _____

Parent/Guardian Name: _____

Mailing Address: _____

Cell Phone (Mom) : _____ Cell Phone (Dad): _____

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 1 to August 26, 2022

YOU CAN SELECT A MAXIMUM OF THREE WEEKS. Please indicate the week(s) you will be attending.

Please check the box if you wish to be contacted regarding a fourth week (space permitting).

Venue fee payment for trips/snacks are required with the registration form.

<u>WEEKS</u>	<u>VENUE FEE</u>
_____ Week 1 (August 1-5)	_____ \$90 venue fee
_____ Week 2 (August 8- 12)	_____ \$90 venue fee
_____ Week 3 (August 15- 19)	_____ \$90 venue fee
_____ Week 4 (August 22- 26)	_____ \$90 venue fee

_____ **Total: \$** _____

_____ Please contact me regarding a fourth week

HOSPITAL RELEASE AND PERMISSION - PLEASE COMPLETE

I give my permission in case of injury to take my son/daughter to the hospital for treatment:

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

PREP 2022 REGISTRATION FORM

NAME: _____

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 THE 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**

SUBMIT TO: Nor-West PREP PO Box 420 Crugers, NY 10521

OFFICE USE ONLY

DATE RCV'D _____ ID # _____ CK # _____ AMT RCV'D _____ DATE: ENTERED _____