



NOR-WEST SUMMER 2022 REGISTRATION

(This registration form is for participants living at home with families)

PO Box 420
Crugers, NY 10521
737-4797

PLEASE NOTE: ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE July 1st

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

Home Phone _____ Number _____ Street _____ Town/City _____ Zip _____
Cell Phone _____

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

1) NAME: _____ PHONE: _____ RELATIONSHIP _____

2) NAME: _____ PHONE _____ RELATIONSHIP _____

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

NOR-WEST PICK UP LOCATION _____ NOR-WEST DROP OFF LOCATION: _____

***COVID COMPLIANCE: _____ Please check if the above-named is fully vaccinated against Covid-19**

I certify that the above-named Nor-West participant can independently follow all Covid-19 mask-wearing requirements required by Nor-West and any facilities used for agency programs. Additionally, the above Nor-West participant and their family/guardian/agent release Nor-West Regional Special Services and the Town of Cortlandt from any illnesses relating to Covid-19.

***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: Weekday: () Game () Mini Golf () Dinner & Movie () Playland () Bun & Fun () Cooking
Special Events: () Rhinebeck () Prospector () Renegades () Mets

PARTICIPANTS NAME: (PLEASE PRINT) _____

RT= ROUND TRIP TRANS. OW= ONE WAY TRANS.

PLACE (X) TO REGISTER	PROGRAMS	START DATE	REGIST- RATION FEE	VENUE CHARGE	TRANSPORT		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					please circle RT or OW when requesting transportation RT	OW	
()	Game Night at Savannah's	7/11, 25 & 8/8	N/A	\$22 each session pay on site	N/A	N/A	
()	Mini Golf and Pizza	7/12	N/A	\$22 each session pay on site	No fee	No fee	
()	Dinner and Movie Indicate 1 st and 2 nd choices _____ July 13, _____ July 27	7/13 or 7/27	N/A	\$32 pay on site	No fee	No fee	
()	Playland/Walter's Hot Dogs	7/20	N/A	\$30 (Bring additional \$18 cash for dinner)	Included		
()	Buns & Fun	7/14	N/A	\$50	No fee	No fee	
()	Cooking Crew	7/15	N/A	\$45	N/A	N/A	
()	Rhinebeck Aerodrome	7/16	N/A	\$28	Included		
()	Prospector Theater and Lunch	7/23	N/A	\$44	Included		
()	HV Renegades	7/31	N/A	\$38	Included		
()	NY Mets	8/6	N/A	\$54	Included		
TOTALS:							

OFFICE USE ONLY:

REG. RCVD: _____ DATE ENTERED: _____ REG. FEE: _____ VENUE CHG: _____ TRANS. FEE: _____
 CHECK # _____ CHECK AMT: _____ CV # _____