



NOR-WEST SUMMER 2018 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 June 8th

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

Number

Street

Town/City

Zip

Home Phone _____ 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 _____

MEDICAID SERVICE COOR.(if applicable) NAME: _____ AGENCY: _____ PHONE: _____

DISMISSAL TIME: _____ TRANSPORTATION TO AND FROM DAY PROGRAM/SCHOOL PROVIDED BY: _____

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

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.

SIGNED: _____ DATE: _____

(PARENT/GUARDIAN SIGNATURE)

HOSPITAL RELEASE AND PERMISSION - PLEASE COMPLETE

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

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

HOSPITALIZATION INSURANCE COMPANY: _____ ID #: _____

ALLERGIES: _____

DIETARY RESTRICTIONS: _____

MEDICATION: _____

PRIMARY DIAGNOSIS: _____ HISTORY OF SEIZURES: _____ YES _____ NO IF YES, TYPE: _____

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

PLEASE SEE REVERSE SIDE FOR REGISTRATION FORM

OFFICE USE: Weekday: () Trivia () Mini Golf/Pizza () Dinner & Movie () Splash & Dine () Cooking () Playland
Special Events: () Aquarium Cruise () Hello Dolly () Eve with Stars () Renegades () Whitney () Bowl-a-rama () Liberty B () Mets

PARTICIPANTS NAME: (PLEASE PRINT) _____

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

PLACE (X) TO REGISTER	PROGRAMS	START DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORT (please circle)		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					RT	OW	
()	Trivia Challenge	7/2	N/A	\$20 each session pay on site	N/A	N/A	
()	Mini Golf and Pizza	6/26	N/A	\$20 each session pay on site	N/A	N/A	
()	Dinner and Movie Indicate 1 st and 2 nd choices _____ June 27, _____ July 18	6/27 or 7/18	N/A	\$29 pay on site	\$10	\$5	
()	Splash and Dine	6/28	N/A	\$45	\$70	\$35	
()	Cooking Class	6/29	N/A	\$45	N/A	N/A	
()	Playland Indicate 1 st and 2 nd choices _____ July 11, _____ July 25	7/11 or 7/25	N/A	\$23	Included		
()	Aquarium & Marine Life Cruise	6/30	N/A	\$42	Included		
()	Hello Dolly!	7/7	N/A	\$40	Included		
()	An Evening with the Stars	7/13	N/A	\$80	Included		
()	HV Renegades	7/22	N/A	\$27	Included		
()	Whitney Museum & NY Highline	7/14	N/A	\$16	Included		
()	Bowl-a-rama	7/28	N/A	\$22	Included		
()	Liberty Basketball & Contest	8/4	N/A	\$15	Included		
()	NY Mets	8/26	N/A	\$32	Included		
TOTALS:							

OFFICE USE ONLY:

REG. RCVD: _____ DATE ENTERED: _____ REG. FEE: _____ VENUE CHG: _____ TRANS. FEE: _____

\CHECK # _____ CHECK AMT: _____ CV # _____