



# NOR-WEST SUMMER 2018 REGISTRATION

PO Box 420  
Crugers, NY 10521  
737-4797

This registration form is for participants who live in a State Certified Residence  
(IRA, SUPPORTED APARTMENT, GROUP HOME)

**PLEASE NOTE: ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE June 8<sup>th</sup>**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_

PARTICIPANT'S MAILING ADDRESS: \_\_\_\_\_  
Number Street Town/City Zip

HOME PHONE \_\_\_\_\_ MANAGERS'S CELL \_\_\_\_\_

**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 (please circle)	VENUE CHARGE	TRANSPORT (please circle)		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					RT	OW	
( )	Trivia Challenge	7/2	\$90	\$20 each session pay on site	N/A	N/A	
( )	Mini Golf and Pizza	6/26	\$100	\$20 each session pay on site	\$70	\$35	
( )	Dinner and Movie Indicate 1 <sup>st</sup> and 2 <sup>nd</sup> choices _____ June 27, _____ July 18	6/27 or 7/18	\$25	\$29 pay on site	\$10	\$5	
( )	Splash and Dine	6/28	\$115	\$45	\$70	\$35	
( )	Cooking Class	6/29	\$90	\$45	\$40	\$20	
( )	Playland Indicate 1 <sup>st</sup> and 2 <sup>nd</sup> choices _____ July 11, _____ July 25	7/11 or 7/25	\$25	\$23	Included		
( )	Aquarium & Marine Life Cruise	6/30	\$22	\$42	Included		
( )	Hello Dolly!	7/7	\$25	\$40	Included		
( )	An Evening with the Stars	7/13	\$25	\$80	Included		
( )	HV Renegades	7/22	\$20	\$27	Included		
( )	Whitney Museum & NY Highline	7/14	\$25	\$16	Included		
( )	Bowl-a-rama	7/28	\$40	\$22	Included		
( )	Liberty Basketball & Contest	8/4	\$30	\$15	Included		
( )	NY Mets	8/26	\$30	\$32	Included		
<b>TOTALS:</b>							

**OFFICE USE ONLY:**

REG. RCVD: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_ REG. FEE: \_\_\_\_\_ VENUE CHG: \_\_\_\_\_ TRANS. FEE: \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK AMT: \_\_\_\_\_ CV #: \_\_\_\_\_