



NOR-WEST SUMMER 2022 REGISTRATION

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

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: _____
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 _____

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	REGISTRATION 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	\$45	\$22 each session pay on site	N/A	N/A	
()	Mini Golf and Pizza	7/12	\$90	\$22 each session pay on site	\$60	\$30	
()	Dinner and Movie Indicate 1 st and 2 nd choices ____ July 13, ____ July 27	7/13 or 7/27	\$28	\$32 pay on site	\$10	\$5	
()	Playland/Walter's Hot Dogs	7/20	\$25	\$30 (Bring additional \$18 cash for dinner)	Included		
()	Buns & Fun	7/14	\$90	\$50	\$60	\$30	
()	Cooking Crew	7/15	\$85	\$45	N/A	N/A	
()	Rhinebeck Aerodrome	7/16	\$48	\$28	Included		
()	Prospector Theater and Lunch	7/23	\$40	\$44	Included		
()	HV Renegades	7/31	\$30	\$38	Included		
()	NY Mets	8/6	\$30	\$54	Included		
TOTALS:							

OFFICE USE ONLY:

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