



NOR-WEST WINTER/SPRING 2018 REGISTRATION

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

ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE Dec. 22nd

Nor-West
PO Box 420
Crugers, NY 10521
737-4797

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

HOME PHONE _____ Street _____ Town/City/Zip _____
MOTHER'S NAME/CELL _____ FATHERS'S NAME/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: _____

DAY PROGRAM/SCHOOL INDIVIDUAL ATTENDS: _____ PHONE _____ CONTACT PERSON: _____

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, 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.

_____ I **do not** consent to the above photo release.

Anyone boarding a Nor-West vehicle agrees to be videotaped as part of the agency's risk management protocols

SIGNED: _____ DATE: _____

(PARENT/GUARDIAN SIGNATURE)

HOSPITAL RELEASE AND PERMISSION - PLEASE COMPLETE

I give my permission in case of injury to take this Nor-West participant 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: Youth: () Begin Swim () Inter. Swim () SO Train () Instruct. Bowl () Afternoon Adventures
Adult: () SO Train () Creative Collab () Cooking () Adult Bowl () Social Scene () Variety Club () Dinner & Movie () West. Knicks () St. Pat () Rocktopia () Sister Act

PARTICIPANT'S NAME: (PLEASE PRINT) _____

PLACE (X) TO REGISTER	YOUTH PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORT. Please circle		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					RT	OW	
()	BEGINNER SWIM/INSTRUCTION	Mon. 1/22	N/A	\$155	N/A		
()	INTERMEDIATE/LAP SWIMMERS	Mon. 1/22	N/A	\$155	N/A		
()	SPECIAL OLYMPICS TRAINING	Tues. 1/16	N/A	N/A	N/A		
()	INSTRUCTIONAL BOWL	Sat. 1/13	N/A	\$7 Pay at site	N/A		
()	AFTERNOON ADVENTURES	Sat. 1/13	N/A	\$210 for prepaid tickets due with registration	N/A		
			Reg. Total	Venue Total	Transp. Total		↓GRAND TOTAL↓
TOTAL			N/A				

PLACE (X) TO REGISTER	ADULT /TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORT. Please circle		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
					RT	OW	
()	SPECIAL OLYMPICS TRAINING	Tues. 1/16	N/A	N/A	\$200	\$100	
()	CREATIVE COLLABORATIVE	Tues. 4/3	N/A	\$60	N/A	\$50	
()	COOKING CLASS ___ session 1 ___ session 2 ___ session 3 ___ ___ I want all three, if available Indicate 1 st , 2 nd , 3 rd priority.	Wed. 1/17 (1) 3/7 (2) 4/25 (3)	N/A	\$60 each session	\$60	\$30	
()	ADULT LEAGUE BOWL & SNACK BAR SOCIAL	Thurs. 1/18	N/A	\$16 per week Pay at site	No fee	No fee	
()	SOCIAL SCENE	Fri. 1/19	N/A	N/A	No Fee	No fee	
()	VARIETY CLUB	Sun. 1/21	N/A	\$80 for prepaid tickets due with registration	N/A		
()	DINNER & A MOVIE	Sun. 1/14	N/A	\$29 day of outing Pay at site	\$20	\$10	
()	WESTCHESTER KNICKS	Sat. 2/24	N/A	\$15	Included		
()	ST. PATRICK'S DANCE	Sat. 3/10	N/A	\$12	\$10	\$5	
()	ROCKTOPIA	Sat. 4/14	N/A	\$40	Included		
()	SISTER ACT	Sun. 6/3	N/A	\$81	Included		
			↓Reg. Total↓	↓Venue Total↓	↓Trans. Total↓		↓GRANDTOTAL↓
TOTAL			N/A				

OFFICE USE ONLY: REG. RCVD: _____ CHECK # _____ REG. FEE: N/A VENUE FEE: _____ TRANS FEE: _____ TOTAL AMT: _____

DATE LOGGED: _____ BALANCE DUE: _____ CREDIT VOUCHER # _____ CREDIT VOUCHER AMT: _____