



# NOR-WEST 2022 WINTER 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 JAN. 7<sup>th</sup>

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 \_\_\_\_\_

EMAIL ADDRESS (FOR ZOOM): \_\_\_\_\_

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

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CARE MANAGER: (if applicable) NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DAY PROGRAM/SCHOOL INDIVIDUAL ATTENDS: \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**\*COVID COMPLIANCE:** \_\_\_\_\_ Please check if the above-named is fully vaccinated against Covid-19 (copy of vaccine card required on-file with Nor-West)  
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:  
( ) Rec swim ( ) Game Sav ( ) SO ( ) Cooking ( ) WOF ( ) Bowl ( ) Soc. S ( ) VC ( ) D&M ( ) St. Pat ( ) Y swim ( ) Y Bowl ( ) Aft Adv

\*Please enclose a copy of Covid-19 vaccine card if not already on-file\*

**Name:** \_\_\_\_\_

RT= ROUND TRIP TRANS. OW= ONE WAY TRANS

PLACE (X) TO REGISTER ( )	ADULT/TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORTATION please circle RT or OW when requesting transportation		OFFICE USE ONLY
					RT	OW	
( )	RECREATIONAL SWIM	Mon. 1/24	N/A	\$60		N/A	
( )	GAME NIGHT AT SAVANNAH'S	Mon. 2/7, 3/7, 4/4	N/A	\$22 pay at site		N/A	
( )	SPECIAL OLYMPIC TRAINING	Tues. 1/25	N/A	N/A		N/A	
( )	COOKING WITH CHEF SHEREE	Wed. 1/26	N/A	\$135		N/A	
( )	ZOOM WHEEL OF FORTUNE	Wed. 1/26	N/A	N/A		N/A	
( )	ADULT LEAGUE BOWL & SNACK BAR SOCIAL	Thurs. 1/27	N/A	\$18 pay at site	No Fee	No Fee	
( )	SOCIAL SCENE	Fri. 1/28	N/A	\$25		N/A	
( )	VARIETY CLUB	Sun. 1/30	N/A	\$60 for prepaid tickets due with registration		N/A	
( )	DINNER AND A MOVIE	Sun. 2/20	N/A	\$33 pay at site	No Fee	No Fee	
( )	ST. PATRICK'S DANCE	Sat. 3/19	NA	\$18		N/A	

PLACE (X) TO REGISTER ( )	YOUTH/TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	TRANSPORTATION	OFFICE USE ONLY
( )	INSTRUCTIONAL SWIM	Mon. 1/24	N/A	\$120	N/A	
( )	INSTRUCTIONAL BOWL	Sat. 1/22	N/A	\$8 per week. Pay at site	N/A	
( )	AFTERNOON ADVENTURES	Sat. 1/22	N/A	\$180 for prepaid tickets due with registration	N/A	
	<b>TOTAL</b>					

**OFFICE USE ONLY:** REG. RCVD: \_\_\_\_\_ CHECK # \_\_\_\_\_ VENUE FEE: \_\_\_\_\_ TRANS FEE: \_\_\_\_\_ TOTAL AMT: \_\_\_\_\_

DATE LOGGED: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_ CREDIT VOUCHER # \_\_\_\_\_ CREDIT VOUCHER AMT: \_\_\_\_\_