



NOR-WEST WINTER/SPRING 2012 REGISTRATION

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

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

PLEASE NOTE: ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE DEC 27th

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 _____

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.

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: Youth () Instruct. Swim () Instruct. Bowl () Flicks, Trips & Swim () Rec. Swim
Adult: () SO Train () Swim () League Bowl () Social Scene () WOW () Variety Club () Dinner & Movie () St. Pat Party

PARTICIPANTS NAME: (PLEASE PRINT) _____

OW= ONE WAY TRANSPORTATION RT= ROUND TRIP TRANSPORTATION

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	
()	INSTRUCTIONAL SWIM	1/18	N/A	N/A	N/A		
()	INSTRUCTIONAL BOWL	1/19	N/A	\$7 per week Pay at site	N/A		
()	FLICKS, TRIPS & SWIM	1/21	N/A	\$15 per week Pay at site	\$124	\$64	
()	RECREATIONAL SWIM	1/21	N/A	N/A	N/A		
			Reg. Total	Venue Total	Transp. Total		↓GRAND TOTAL↓
TOTAL			N/A	Pay at site			

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	1/17	N/A	N/A	\$136	\$68	
()	RECREATIONAL SWIM	1/18	N/A	N/A	N/A		
()	LEAGUE BOWL & PIZZA SOCIAL	1/19	N/A	\$7 per week Pay at site	\$152	\$76	
()	SOCIAL SCENE	1/20	N/A	Bring \$8 on pizza night (See calendar)	\$128	\$64	
()	WONDERS OF WESTCHESTER	2/4	N/A	\$15 per week Pay at site	\$64	\$32	
()	VARIETY CLUB	1/22	N/A	\$20 per week Pay at site	N/A	N/A	
()	DINNER & A MOVIE	1/15 2/19 4/1	N/A	\$35 each outing Pay at site	\$24	\$12	
()	ST. PATRICK'S DAY PARTY	3/16	N/A	N/A	\$8	\$4	
			↓Reg. Total↓	Venue Total	↓Trans.Total		↓GRANDTOTAL↓
TOTAL			N/A	Pay at site	↓		

OFFICE USE ONLY: REG. RCVD: _____ AMOUNT: _____ VENUE FEE: _____ TRANS FEE: _____ CHECK # _____ DATE LOGGED: _____

BALANCE DUE: _____ CREDIT VOUCHER # _____ ID # _____

