



NOR-WEST WINTER/SPRING 2012 REGISTRATION

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

DEADLINE TO REGISTER: DEC. 27, 2011

*PO Box 420
Crugers, NY 10521
737-4797*

PLEASE NOTE: ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED.

NAME: _____ **DATE OF BIRTH** _____ **AGE:** _____

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

PHONE NUMBERS: HOME # _____ CELL # _____ CELL # _____

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.
_____ **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: **Adult:** () SO Train () Swim () League Bowl () Social Scene () WOW () Variety Club () Dinner & Movie () St. Pat's

PARTICIPANTS NAME: (PLEASE PRINT) _____

*NOR-WEST CATCHMENT AREA INCLUDES CORTLANDT, OSSINING, PEEKSKILL, AND YORKTOWN.

**RESIDENTS FROM OTHER COMMUNITIES ARE CONSIDERED "OUT OF AREA"

OW= ONE WAY TRANSPORTATION RT= ROUND TRIP TRANSPORTATION

PLACE (X) TO REGISTER	ADULT PROGRAM NAME	START DAY/ DATE	REGISTRATION FEES * NOR-WEST CATCHMENT AREA	REGISTRATION FEES** OUT OF AREA	VENUE CHARGE	TRANSPORT. Please circle		DO NOT WRITE IN THIS COLUMN OFFICE USE ONLY
						RT	OW	
()	SPECIAL OLYMPICS TRAINING	1/17	\$200	Call Nor-West	N/A	\$136	\$68	
()	RECREATIONAL SWIM	1/18	\$152	Call Nor-West	N/A	N/A		
()	LEAGUE BOWL & PIZZA SOCIAL	1/19	\$320	Call Nor-West	\$14 per week Pay at site	\$152	\$76	
()	SOCIAL SCENE	1/20	\$240	Call Nor-West	Bring \$8 on pizza night (See calendar)	\$128	\$64	
()	WONDERS OF WESTCHESTER	2/4	\$232	Call Nor-West	\$15 per week Pay at site	\$64	\$32	
()	VARIETY CLUB	1/22	\$290	Call Nor-West	\$20 per week Pay at site	N/A	N/A	
()	DINNER & A MOVIE	1/15 2/19 4/1	\$80	Call Nor-West	\$35 each outing Pay at site	\$24	\$12	
()	ST. PATRICK'S DAY DANCE	3/16	\$12	Call Nor-West	N/A	\$8	\$4	
			↓Reg. Total↓	↓Reg. Total↓	↓Venue Total↓	↓Trans.Total↓		GRAND TOTAL↓
	TOTALS							

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

BALANCE DUE: _____ CREDIT VOUCHER # _____ ID # _____