



# NOR-WEST 2021 WINTER REGISTRATION

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

ALL SECTIONS MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED. DEADLINE DEC. 18<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: \_\_\_\_\_

**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.

**COVID COMPLIANCE:**

I certify that the above-named Nor-West participant is able to independently follow all Covid-19 social distance & 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.

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 ONLY: Adult: ( ) Basketball ( ) Bowl ( ) Variety ( ) Aft Adv ( ) Games ( ) Tune ( ) Sittercise ( ) Social Scene

**PARTICIPANT'S NAME:** (PLEASE PRINT) \_\_\_\_\_

**Please Note: Do not send payment with registration. You will receive a bill in March for fees associated with programs**

PLACE (X) TO REGISTER	ADULT /TEEN PROGRAM NAME	START DAY/ DATE	REGISTRATION FEE	VENUE CHARGE	OFFICE USE ONLY
( )	BASKETBALL	Tues. 1/12	\$ To be billed	N/A	
( )	ADULT LEAGUE BOWL & PIZZA	Thurs. 1/14	\$ To be billed	<b>\$16 per week Pay at site</b>	
( )	VARIETY CLUB	Sun.	\$ To be billed	\$ To be billed	
( )	GAMES WITH WENDY (ZOOM)*	Mon. 1/4	N/A	N/A	
( )	NAME THAT TUNE (ZOOM)*	Wed. 1/6	N/A	N/A	
( )	SITTERCISE (ZOOM)*	Wed. 1/6	N/A	N/A	
( )	SOCAIL SCENE (ZOOM)*	Wed. 1/8	N/A	N/A	
	<b>TOTAL</b>				

**\*PLEASE INCLUDE YOUR EMAIL ADDRESS FOR ZOOM PROGRAMS ON FRONT OF REGISTRATION FORM**

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

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