



# NOR-WEST 2025 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: DECEMBER 20<sup>th</sup>

Nor-West  
PO Box 44  
Mohegan Lake, NY 10547  
737-4797

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_

PARTICIPANT'S MAILING ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ Street \_\_\_\_\_ Town/City/Zip \_\_\_\_\_  
MANAGER'S CELL \_\_\_\_\_

EMAIL ADDRESS (For agency correspondence): \_\_\_\_\_

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

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, 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 ( ) Cutinary ( ) Bowl ( ) Rotary ( ) Soc. S ( ) VC ( ) Lunch ( ) TOHV ( ) St. Pat's

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

Circle fees and add all columns (except pay at site)

PLACE (X) TO REGISTER	ADULT/TEEN PROGRAM NAME	Venue Fees due with registration	Registration fees	Transportation Fee	Pay at site
( )	Recreational Swim (start date 1/13)	\$100	\$65	N/A	N/A
( )	Game Night at Savannah's (2/3, 3/3)	N/A	\$35	N/A	\$22 Pay At Site
( )	Special Olympic Training (start date 1/14)	N/A	\$165	<input type="checkbox"/> \$60 One-way or <input type="checkbox"/> \$120 Both ways	N/A
( )	Transportation: Pick-Up: Drop-off: Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	N/A	\$130	N/A	N/A
( )	Culinary Creations (1/15 - 4/2)	\$130	\$230	N/A	N/A
( )	Adult Bowl & Snack Bar Social (start date 1/16)	N/A	\$250	<input type="checkbox"/> \$60 One-way or <input type="checkbox"/> \$120 Both ways	\$22 Pay At Site
( )	Transportation: Pick-Up: Drop-off: Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	N/A	N/A	N/A	N/A
( )	Rotary Community Corp of Nor-West (2/7, 3/7, 4/4)	N/A	N/A	N/A	N/A
( )	Social Scene (start date 1/17)	\$45	\$210	N/A	N/A
( )	Tastes of Hudson Valley (3/29)	N/A	\$35	N/A	\$30
( )	Variety Club (start date 1/21)	\$150 For prepaid tickets	\$200	N/A	N/A
( )	Lunch and A Movie (2/23)	Transportation: Pick-Up: Drop-off: Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	N/A	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways	\$36 Pay At Site
( )	St. Patrick's Day Dance (3/15)	Transportation: Pick-Up: Drop-off: Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown	\$18	<input type="checkbox"/> \$5 One-way or <input type="checkbox"/> \$10 Both ways	N/A
( )	**Payment plans available. Contact Nor-West. (add all columns)	Venue total	Registration total	Transportation total	N/A
		\$	\$	\$	\$
					<b>TOTAL</b>

OFFICE USE ONLY:

REG. RCVD: \_\_\_\_\_ CHECK # \_\_\_\_\_ VENUE FEE: \_\_\_\_\_ TOTAL AMT: \_\_\_\_\_  
 BALANCE DUE: \_\_\_\_\_ CREDIT VOUCHER # \_\_\_\_\_ CREDIT VOUCHER AMT: \_\_\_\_\_  
 DATE LOGGED: \_\_\_\_\_