



NOR-WEST 2025 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: **DECEMBER 20TH**

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

NAME: _____ DATE OF BIRTH _____ AGE: _____

PARTICIPANT'S MAILING ADDRESS: _____

HOME PHONE _____ MOTHER'S NAME/CELL _____ FATHER'S NAME/CELL _____
Street Town/City/Zip

PARENT/GUARDIAN EMAIL ADDRESS: _____

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: _____

SELF-DIRECTION PARTICIPATION: _____ (Check if Self-Directing services)

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 () Cooking () FFF () Bowl () Rotary () Soc. S () VC () Lunch () St. Pat's () TOHV () Y swim () Aft Adv.

Name: _____

Circle fees (except pay at site)

| PLACE (X) TO REGISTER | ADULT/TEEN PROGRAM NAME | Venue Fees Payment due with registration | Pay at site | Transportation |
|------------------------------------|--|--|-------------|----------------|
| () | Recreational Swim (start date 1/13) | \$100 | N/A | N/A |
| () | Game Night at Savannah's (2/3, 3/3) | N/A | \$22 | N/A |
| () | Special Olympic Training (start date 1/14) <i>Transportation: Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown | N/A | N/A | No Fee |
| () | Culinary Creations (1/15-4/2) | \$130 | N/A | N/A |
| () | Adult Bowl & Snack Bar Social (start date 1/16) <i>Transportation: Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown | N/A | \$22 | No Fee |
| () | Rotary Community Corp of Nor-West (2/7, 3/7, 4/4) | N/A | N/A | N/A |
| () | Social Scene (start date 1/17) | \$45 | N/A | N/A |
| () | Variety Club (start date 1/19) | \$150 For Prepaid tickets | N/A | N/A |
| () | Tastes of Hudson Valley (3/29) | N/A | \$30 | N/A |
| () | Lunch and A Movie (2/23) <i>Transportation: Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown | N/A | \$36 | No Fee |
| () | St. Patrick's Day Dance (3/23) <i>Transportation: Pick-Up:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown <i>Drop-off:</i> <input type="checkbox"/> Peekskill <input type="checkbox"/> Ossining <input type="checkbox"/> Croton <input type="checkbox"/> Yorktown | \$18 | N/A | No Fee |
| YOUTH/TEEN PROGRAMS | | | | |
| () | Instructional Swim (Start date 1/13) | \$100 | N/A | N/A |
| () | Afternoon Adventures (Start date 1/18) | \$225 | N/A | N/A |
| () | Fun, Fitness, Friends (Feb. 28 - April 4) | N/A | N/A | N/A |
| Total due with registration | | \$ | N/A | \$ |

OFFICE USE ONLY:

REG. RCVD: _____ CHECK # _____ VENUE FEE: _____ TOTAL AMT: _____

DATE LOGGED: _____ BALANCE DUE: _____ CREDIT VOUCHER # _____ CREDIT VOUCHER AMT: _____