



ANNUAL REGISTRATION FORM 2014-2015

Sibshops are for brothers and sisters of children with special health care needs or disabilities. Meetings are held one Saturday of each month, except for December and January, during the school year.

The first meeting will be held at D&D Counseling located at 3111N Broadway, Poteau, OK 74956.

Our first meeting is scheduled for the Saturday, Sept. 13, 2014.

What is the cost of a Sibshop? Each Sibshop is FREE (lunch included).

Sibshops meet from **10:00AM –2:00PM**

Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (for meeting reminders): _____

Home Phone: _____

Alternate Phone: _____

Name of Sibling(s) with Special Needs: _____

Age: _____ Gender: _____ School: _____

Additional Sibling if Applicable:

Age: _____ Gender: _____ School: _____

Name or description of disability, diagnoses or health concern:

Other Siblings - Name(s) and Age (s):

Pervasive Parenting



What do you hope your child will gain from participating in Sibshops? _____

Are there any particular topics you would like addressed? _____

Does your enrolled child have any special needs, food allergies or health restrictions of their own that we should know about?

No _____

Yes _____

If yes, please explain:

I hereby give my child permission to participate in Pervasive Parenting Sibshops for the 2014-2015 school year. I agree to hold Pervasive Parenting Center, and D&D Counseling harmless for any and all liability incurred as a result of my child's participation.

Signature of Parent or Guardian

Date

Learn more about the origins and philosophy of Sibshops by visiting the Sibling Support Project website at <http://www.siblingsupport.org>. Also on the Sibling Support Project's webpage, your kids can join SibKids, a listserv for sibs of kids with special health care needs or disabilities and meet brothers and sisters from around the world!



Release Form for Media Recording



I, the undersigned, do hereby consent and agree that Pervasive Parenting Sibshops, their employees, or agents have the right to take photographs, videotape, or digital recordings of my child beginning on _____ during all Sibshop Events and agree to allow them to use these in any and all media, now or hereafter known, and exclusively for the purpose of Sibshops. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Pervasive Parenting Sibshops their employees, their employees, or agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Pervasive Parenting Sibshops, their employees, or agents is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement on behalf of my child or guardian.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____