

SIBSHOP REGISTRATION FORM

I. Sibling Information

Date: _____
Child's name: _____ T-Shirt size: _____
Date of birth: _____ Age: _____ Gender: Boy ___ Girl ___
School: _____ Grade: _____
Does the child receive any special services (e.g., counseling, speech-language therapy, special education)? _____

Parent(s) name(s): _____
Home address: _____
City _____ State _____ Zip Code _____
Home telephone: _____ Cell phone: _____ E-mail: _____

II. Sibling with special needs information

Name of brother or sister with special needs: _____
Date of birth: _____ Age: _____ Gender: Boy ___ Girl ___
Nature of disability or illness: _____

School: _____
What kind of related special education services (e.g., speech, occupational or physical therapy, counseling) does this child receive? _____

Other siblings:

Name	Date of birth	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your reasons for enrolling your child in the Sibshop Program?

Do you have any concerns about enrolling your child in Sibshop? _____

Do you have any particular topics that you would like addressed during the Sibshop?

Does your child have any food allergies or restrictions?

Please provide any other information that you feel will make this an enjoyable and educational experience for your child:

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against Rays of Hope, Bynum School, Midland Children's Rehabilitation Center, SHARE, First Christian Church, Midland College, UTPB, Region 18, or MARC, their elected and appointed officials and employees, the organizers, sponsors, supervisors, or any volunteer connected with the program. In absence of a signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

Signature of Parent or Guardian

Date

Please return this form to:

SHARE
P. O. Box 10991
Midland, TX 79702