



ANNUAL REGISTRATION FORM 2013-2014

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 meetings will be held at the J.D. McCarty Center, located at 2002 East Robinson Street, Norman, Oklahoma 73071.

Cost per Sibshop: Each Sibshop is \$6 per child. You have the option of paying up front, or paying at the beginning of each event

Please check the dates you would like your child to attend:

Ages 6-9	Ages 10-13
<input type="checkbox"/> October 25, 2014 <input type="checkbox"/> February 28, 2015 <input type="checkbox"/> April 25, 2015	<input type="checkbox"/> September 27, 2014 <input type="checkbox"/> November 15, 2014 <input type="checkbox"/> March 28, 2015

Norman Sibshops meet from **10:00AM - 1:00PM**

Child's Name: _____

Amount enclosed: _____

I would like to request scholarship assistance.

I am able to offer a scholarship to a child who might otherwise not be able to attend.

Amount: \$ _____

Make checks payable to:

Oklahoma Family Network (Please Reference: *Norman Sibshops* in the Memo Field on your check)

Registration fees are non-refundable.

Mail registration forms and payment to: Norman Sibshops c/o Kerri Brooks, 3500 Stratford Pl, Moore OK 73160



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):

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 Sibshops Norman for the 2012-2013 school year. I agree to hold J.D. McCarty Center, the Oklahoma Developmental Disabilities Center, the Oklahoma Family Network, the Down Syndrome Association of Central Oklahoma, Sooner SUCCEs and Sooner Bowling, harmless for any and all liability incurred as a result of my child's participation.

Signature of Parent or Guardian

Date

Please return with Registration form and payment to:

Checks made payable to:

Oklahoma Family Network (Please Reference: *Norman Sibshops* in the Memo Field on your check)

Mail to:

c/o Kerri Brooks
Norman Sibshops
3500 Stratford Pl
Moore, OK 73160

Additional registration forms and information are available by contacting Kerri Brooks at normansibshops@gmail.com or phone: 405.249.1925.

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 listserve 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 Norman Sibshops, the J.D. McCarty Center, the Oklahoma Family Network, the Down Syndrome Association of Central Oklahoma, Sooner SUCCESS, Sooner Bowling and the Oklahoma Developmental Disabilities Council, 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 Norman Sibshops, the J.D. McCarty Center, the Oklahoma Family Network, the Down Syndrome Association of Central Oklahoma, Sooner SUCCESS, Sooner Bowling and the Oklahoma Developmental Disabilities Council, 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 Norman Sibshops, the J.D. McCarty Center, the Oklahoma Family Network, the Down Syndrome Association of Central Oklahoma, Sooner SUCCESS, Sooner Bowling and the Oklahoma Developmental Disabilities Council, 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: _____