



Saturday, February 11th 2012
Quarry Hill Nature Center
9:00am – 3:00pm

*Please complete a registration form by **January 15th** for each child who plans to participate in Sibshops.

Participant Information:

Child's Name: _____ Age (6-13yrs): _____ Gender: _____

Parent(s) Names: _____

Home address: _____ City: _____

State: _____ Zip: _____ E-mail _____

Home phone: (____) _____ Alternate phone: (____) _____ T-shirt size: _____

- I have enclosed my payment of \$10 for my enrolled child to attend this Sibshops program.
 I am interested in receiving information about scholarships available for my child to attend this Sibshops program.

Name of brother or sister with special needs: _____

Name or description of disability or health concern: _____

Age: _____ **Gender:** _____

****Sibshops are best described as opportunities for brothers and sisters of children with special health and developmental needs to obtain peer support and education within a recreational context. Sibshops are not therapy, although their effect may be therapeutic for some children.****

Has your child ever attended a Sibshop program before: Yes No

If yes, can you please give us feedback about your child's experience: _____

What do you hope your child will gain from this Sibshop or future Sibshop opportunities? _____

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

I hereby give my child permission to participate in Sibshops. I also agree to hold Sibshops harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, videotapes, recordings or any other record of this program for the purpose of education and promotion of Sibshops.

(Signature of Parent or Guardian)

(Date)

Please mail registration form and payment of \$10 to:

Holli Johnson, L.I.C.S.W.
Saint Marys Hospital, Dom. 1-254
1216 2nd St. SW
Rochester, MN 55902

(For questions or additional registration forms, contact Holli Johnson at (507) 284-6819 or johnson.holli@mayo.edu)