



365 Millennium Drive, Suite A. Crystal Lake, IL 60012. Phone: 815.477.4720. Fax: 815.477-4700  
www.optionsandadvocacy.org

## Participant Registration Form—2019-2020

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_

Does this child receive any special services (counseling, speech therapy, special education)? \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email(s) \_\_\_\_\_

Name of Sibling with Special Needs \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_

Does this child receive any special services (counseling, speech therapy, special education)? \_\_\_\_\_

Nature of Special Needs \_\_\_\_\_

Does the Sibshop participant have any food allergies or restrictions?

\_\_\_\_\_

Other Sibling(s) Name(s)	Date of Birth	Age	Gender
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What are your reasons for enrolling your child in Sibshops?

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Do you have any concerns about enrolling your child in Sibshops?

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

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

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**Release of Liability and Photo/Video Waiver:** We are pleased to have your child participate in Options & Advocacy's Sibshops program. Please read the following carefully. We have been advised to require all parents who wish to have their child participate to sign a release from liability form. By signing it you acknowledge that by participating in Sibshops you will be waiving and releasing all claims for injuries your child might suffer as a result of this program. You are also agreeing that if your child injures another child (a very unlikely event) you will be responsible for the costs for medical care to the injured child.

"As the parent of a participant in the Options & Advocacy Sibshops Program, I recognize and acknowledge that there may be certain risks of physical injuries to my child or another child because my child has harmed the other child, associated with this program. I agree to waive and relinquish all claims against Options & Advocacy, I may have on behalf of my child as a result of participating in the program.

I hereby fully release and discharge Options and Advocacy and/or Spectrum Support, its officers, agents, employees or volunteers, from any and all claims for injuries, damage, or loss which my child suffers as a result of participation in Sibshops.

I also agree that should my child be the cause of harm to another child, and a lawsuit is filed, I will indemnify, defend and hold Options and Advocacy harmless as a result. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose."

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

As each session will be unique, we encourage you to enroll your child in as many sessions as you would like. Returning each month will allow your child to build friendships with the other participants and to build confidence in participating with the group.

**Groups will be held at** the McHenry County Mental Health Board, 620 Dakota St., Crystal Lake, IL 60012

The dates for the 2019-2020 Sibshops are: (please mark all that you would like to attend)

\_\_\_\_\_ October 5, 2019                      \_\_\_\_\_ November 2, 2019                      \_\_\_\_\_ December 7, 2019

\_\_\_\_\_ January 4, 2020                      \_\_\_\_\_ February 1, 2020                      \_\_\_\_\_ March 7, 2020

\_\_\_\_\_ April 4, 2020                      \_\_\_\_\_ May 2, 2020

The cost to participate in Sibshops is \$10 per session. If you register for all eight sessions, the fee is discounted to \$65. If you register more than one child, the fee for the second child is discounted by half. Please return these forms with the registration fee to:

Options and Advocacy  
Attn: Sibshops  
365 Millennium Dr., Suite A  
Crystal Lake, IL 60012

\* Amount included \$ \_\_\_\_\_  
\* Make checks payable to Options and Advocacy  
\* You may also pay the registration fee online  
using PayPal at [www.optionsandadvocacy.org](http://www.optionsandadvocacy.org)

\*\*If you would like your child to be considered for a scholarship, please call Cindy Sullivan at 815-477-4720 x233. Donations to the Sibshops Scholarship Fund are gratefully accepted.