



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

## Participant Registration Form—2021-2022

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:** 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, 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."

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

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

**Photo/Media Release:**

"I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program that includes my child for any purpose." \_\_\_\_\_yes \_\_\_\_\_No

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.

**This group is open for registration and will occur so long as** we can meet safely in accordance with CDC & McHenry County Health Dept. Participants will be expected to answer basic COVID health questions and to wear a mask.

The dates for the 2020-2021 Sibshops are: (please mark all that you would like to attend)

\_\_\_\_\_ October 2, 2021                      \_\_\_\_\_ November 6, 2021                      \_\_\_\_\_ December 4, 2021  
\_\_\_\_\_ January 8, 2022                      \_\_\_\_\_ February 5, 2022                      \_\_\_\_\_ March 5, 2022  
\_\_\_\_\_ April 2, 2022    \_\_\_\_\_ May 7, 2022

The cost to participate in Sibshops is \$5 per session. You can send a single check for the all of the group dates if you know your child will be participating each month. Reimbursements will not be made for missed sessions. If you register more than one child, the fee for the second child is discounted by half (\$2.50 per session.) 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 \$ \_\_\_\_\_ Check # \_\_\_\_\_  
\* Make checks payable to Options and Advocacy  
\* You may also pay the registration fee when you arrive

\*\*If you would like your child to be considered for a scholarship, please call Winter Noe at 815-477-4720 x230. Donations to the Sibshops Scholarship Fund are gratefully accepted.