

School's Out Fun Day

An afternoon of inclusive fun for teens with disabilities,
their siblings, and friends.

School's out! Don't bum about, come
hang with your friends throughout!

Friday, January 14th, 2011

12:30pm - 5:30pm

Ages 10-18

The cost is \$10 per person.

Space is Limited!

You **MUST** pre-register to attend
by Tuesday, January 11th, 2011.



Inclusive activity!
Siblings and
friends welcome!

The afternoon includes lots of FUN games, a movie,
art projects, music, and snacks!

**Drop off and Pick up at Westminster Presbyterian Church at the
Single Door on East Side of the church by the playground.**

2110 Sheridan Blvd
Lincoln, NE 68502

This event is sponsored by:



The Arc of Lincoln/Lancaster County
Down Syndrome Association for Families
www.arclincoln.org & www.dsafnebraska.org



Register by Tuesday, January 11th, 2011.

Contact Maggie or Mandi at 421-8866
maggie@arclincoln.org

School's Out Fun Day Registration

Participants Name _____ Age _____ Gender _____

School _____ Grade _____

Parent(s)/Guardian(s) name(s) _____

Home Address _____ Zip _____ Phone _____

Email Address: _____

Nature of disability (if applicable) _____

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

Does your child have any food allergies or restrictions?

Would you like to be on our mailing list? YES NO

Would you like to receive emails? YES NO

All lists remain confidential, and will not be shared with outside parties.

In case of an emergency contact:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

I assume all risks and hazards of the conduct of the program. In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise against The Arc of Lincoln/Lancaster County or Down Syndrome Association for Families of Nebraska, their elected officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. In absence of a signature, 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/

Guardian: _____

Mail registration to:
The Arc of Lincoln/Lancaster County
5609 South 49th St., Suite 5
Lincoln, NE 68516
Phone: 402-421-8866
Fax: 402-421-8922