

The Arc of Lincoln Presents:



WHAT:

This award-winning nationally affiliated program for youth ages 8-13 is uniquely designed to provide high-energy activities for siblings of children with developmental disabilities. Sibshops are a place where siblings may obtain peer support and education within a recreational context; while having fun, sibs connect with each other and share similar experiences.

WHO:

The brothers and sisters of individuals with developmental disabilities.

Sibs experience many of the same concerns as their parents as well as other concerns uniquely their own.

A maximum of **20** youth will be able to attend this Sibshop.

WHEN:

This Sibshop will be held

Thursday, May 12th

from 6:30 - 8:30pm

at the Lincoln Children's
Museum.

WHERE:

This Sibshop will meet at:

**Lincoln Children's
Museum Entrance**

Located at
1420 P Street
Lincoln, NE

HOW:

Contact Mandi at:

402-421-8866

or email:

arcifss@windstream.net

for more information
or to register.

COST: FREE

**You must
Register by**

Monday, May 9th

**to attend this
Sibshop!**

**Registration forms
located online at:
www.arclincoln.org**

Sibshop 5/12/2011

Registration

Child's Name _____ Age _____ Gender _____

School _____ Grade _____

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

Home Address _____ Zip _____ Phone _____

Email Address: _____

Name of sibling who has a disability _____ Age _____ Gender _____

Nature of disability _____ School _____

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: _____

Phone #: _____

Does your child have any food allergies or restrictions?

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

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, Lincoln Community Foundation, or The Lincoln Early Childhood Planning Region Team, 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: _____

Registration Deadline: May 9th, 2011

Mail registration to:

The Arc of Lincoln

5609 South 49th St., Suite 5

Lincoln, NE 68516

Phone: 402-421-8866

Fax: 402-421-8922