

DEAF & HEARING SIBLINGS RETREAT: OUR FAMILIES TOGETHER

“PAH! My Deaf brother and I (Hearing) can be at the same retreat together!”
A quote from a Deaf and Hearing Siblings Retreat 2011 participant

June 28—July 1, 2012

**California School for the Deaf
39350 Gallaudet Drive
Fremont, California 94538**



Brothers & Sisters



**Saturday Night
Performance:**

**June 30, 2012 at 7 pm
Klopping Theater
\$25 At Door**

“ABABABA”

**SPECIAL OFFER:
Pre-Register by May 21st
Registration: \$50**

Special Combo Package:
\$220.00 first sibling
\$125 second sibling

Total Combo Package after May 22nd: \$275

\$125.00 food (3 breakfasts, 2 lunches, 2 dinners, and snacks)

\$75.00 Lodging (3 nights, CSD cottage)

\$50.00 Conference registration fee

\$25.00 Performance, Saturday 7 pm

Registration and paypal at: www.doublepride.com

Workshops — Games — Social
Refreshments — Panels
Entertainment
Information Sharing
Quality Time with Siblings



DeafHearingSibs

Email:

deafhearingsibs@gmail.com

[www. Doublepride.com](http://www.Doublepride.com)

“Deaf and Hearing Siblings: Our Families Together”

Our Second Retreat for Deaf, Hearing, and Coda Brothers, Sisters, and Parents!

June 28—July 1, 2012

**Our First Retreat last summer was Successful!!!
Everyone who attended really had a really good experience!**

Siblings, have you wanted to share your family experiences with your Deaf or Hearing sibling? Well now you can!

Join us for a Retreat for Deaf and Hearing siblings from families of Deaf and Hearing parents. This will be a great opportunity to explore and celebrate our unique sibling bonds in our varied families. Deaf and Hearing siblings with either Deaf or Hearing parents have a unique experience straddling both the Hearing and Deaf worlds. Deaf or Hearing parents have unique challenges as they navigate two cultures and languages under the same roof. The sibling relationship is a powerful peer influence in childhood as well as adulthood. Often Deaf and Hearing siblings attend different schools, have different friends, communities as well as differing relationships with family and extended family members. This can create richness as well as tension in the sibling relationship. This Retreat will explore this sibling experience in order to gain deeper understanding and wisdom to pass onto the Deaf and Hearing communities. This workshop will be presented by Deaf and Hearing siblings in ASL (interpreters provided) and will include large and small group discussions.

Retreat Goals:

1. To provide an opportunity to share and discuss our sibling experiences in order to honor our family relationships and our lives in both the Hearing and Deaf communities.
2. To explore our adult roles as Deaf parents and Hearing parents as well as our roles as grandparents, aunts, uncles, nieces and nephews.
3. To explore how parents navigated the cultural and communication challenges in their family, and what tips and tools they can pass on to other families with Deaf and Hearing siblings.
4. To consider how to share our experiences with future generations of Deaf and Hearing Siblings growing up with Deaf and Hearing parents.

This workshop is open to: Adults age 18 and up

**Hearing (Coda) and Deaf Siblings of Deaf Parents,
Hearing and Deaf Siblings of Hearing Parents,
Deaf Parents with Deaf children or mixed Deaf and Hearing children,
Hearing Parents with Deaf children or mixed Deaf and Hearing children,
Deaf Siblings of Deaf Parents, and
Deaf Siblings of Hearing Parents.**

Sibling not available, COME YOURSELF!

While the Focus will be on Sibling Relationships, we strongly encourage Professionals in the Field to join for this educational, professional and personal opportunity for growth.
RID Ceus will be offered.

REGISTRATION FORM: Page 1

“Deaf & Hearing Siblings: Our Families Together!” June 28 – July 1, 2012

Please complete the 2-page form for each person attending the retreat.

SECTION 1: PERSONAL INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone/Day: (_____) _____ Phone/Evening: (_____) _____

Voice TTY VP

Voice TTY VP

Email Address: _____

Female Male Age? 18-25 26-49 50 and up

Deaf Hard of Hearing Hearing/Coda Hearing/Sibling Parent Educational/Professional

Interpreter Counselor Other Deaf Related Field _____

SECTION 2: ACCOMMODATIONS

Cottage On-Campus Housing:

\$25/night per person (double occupancy), available from Thursday, June 28, 2012, 7 p.m. to Sunday, July 1, 2012, Noon

Arrival date: _____ Departure date: _____ Total Nights: _____

I want to share my room with (name) _____

I will need a roommate: Female Male

SECTION 3: MEAL REQUEST

I am requesting: vegetarian meals Vegan meals

SECTION 4: ASL INTERPRETING NEEDS

This retreat will be facilitated in ASL. Please let us know if you will need an interpreter:

I will need: Voice Interpreter Deaf/Blind Interpreter Other

SECTION 5: EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Pager/Email: _____

Phone/Day: (_____) _____ Phone/Evening: (_____) _____

Voice TTY VP

Voice TTY VP

Medical Waiver: I, _____, will be responsible for my medical coverage while I am at the Deaf and Hearing Siblings retreat. I understand that the California School for the Deaf and Retreat will not be liable and will not cover any medical expenses for any occurrence at CSD and/or Retreat.

Signature: _____ Date: _____

3 Easy Steps for Event Registration

1) Download and Print “Registration Form”

2) Mail completed form to:
Double Pride
Attn: Deaf/Hearing Sibs Retreat
2450 Peralta Blvd. #212
Fremont, CA 94536



3) Include check / Money Order, or Register Online
- Visit www.doublepride.com for details

