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

Hearing

June 28—July 1, 2012

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

Saturday Night Performance:

Deaf

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

"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 disour family relationships and our lives in both the

- 2. To explore our adult roles as Deaf parents and ents, 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.

cuss our sibling experiences in order to honor

Hearing parents as well as our roles as grandpar-

Hearing and Deaf communities.

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

3 Easy Steps for Event Registraion

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

| Name: | |
|--|-------------------------------------|
| Address: | |
| City/State/Zip: | |
| Phone/Day: (Phone/Evening: (Voice | □ Voice □ TTY □ VP |
| Email Address: | |
| ☐ Female ☐ Male Age? ☐ 18-25 ☐ 26-49 ☐ 50 and up ☐ Deaf ☐ Hard of Hearing ☐ Hearing/Coda ☐ Hearing/Sibling ☐ Parent ☐ Ed ☐ 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. | 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: \square Voice Interpreter \square Deaf/Blind Interpreter \square Other | |
| SECTION 5: EMERGENCY CONTACT INFORMATION | |
| Emergency Contact Name: Pager/Email: | |
| Phone/Day: (Phone/Evening: (Voice |) Voice □ TTY □ VP |
| Medical Waiver: I,, will be responsible for my medical Hearing Sib-lings retreat. I understand that the California School for the Deaf and Retreat any medical expenses for any occurrence at CSD and/or Retreat. | coverage while I am at the Deaf and |
| Signature: Date: | |

REGISTRATION FORM: Page 2

"Deaf & Hearing Siblings: Our Families Together", June 28 – July 1, 2012

| Applican's Name: | Pager/Email: | | | |
|---|--|--|--------------------------|----------------------------|
| SECTION 6: MEDIA | RELEASE | | | |
| I, (print name) be used for our retreat's | s publications used to adv | give my consent for grams. Initials: | or photos and/or | media images of me to |
| SECTION 7: PAYMEN | NT | | | |
| Cottage Housing: (ente | akfasts, 2 lunches, 2 dinne | ers, and snacks/beverages): ccommodation, \$25 per night, \$75 for | r 3 nights) Sub Total | \$ \$ \$ \$ |
| Special Offer: Second Sibling | First Sibling, \$220 g, \$125 d: Combo Package \$275 | istration, meals, housing, show ticket) | : \$220 Grand Total | \$ \$ \$ \$ \$ |
| SECTION 8: PAYMEN | NT INFORMATION | | | |
| Type of Payment: | | _ Check # _ Money Order # | | (1 1) |
| | 2. Online registration | (see www.doublepride.com/current_e | vents2012.html | for details) |
| RID (1.9) Ceus make | check payable to: "Ohlo | ne College IPP Activity Fund" | | |
| Make check or money of | order payable to Double | Pride and mail it with this completed | form to: | |
| Double Pride, Attn: Dea 2450 Peralta Blvd. #212 Fremont, California 945 | 2 | | | |
| | : ations will continue to be on receipt until 6/20/12. | accepted after this date as long as spa | ce is available. Pa | articipants will receive |
| registration deadline 6/ | 11/12: full refund of regis e. After 6/30/12: no refun | to deafhearingsibs@gmail.com and w stration. Between 6/12/12 and 6/22/12 d. No refunds will be processed witho | . 50% registration | n fee refunded minus |

want to donate money for the Retreat.

Visit our FaceBook page: 'Deaf and Hearing Siblings: Our Families Together'

For updates, registration forms, and other details please visit: www.doublepride.com/current_events2012.html.

Please contact Sheila Jacobs or David Fair at deafhearingsibs@gmail.com if you have any question about registration or if you

Deaf and Hearing Siblings Committee: Co-Chairs: Sheila Jacobs, David Fair, Brenda Lyons.
Other committee members: Calton, David, and Jane Fair, Lisa and Sheila Jacobs, Brenda Lyons, and Millie Stansfield.