

**Note: NEW DATE AND NEW SITE!!**

**NEW REGISTRATION FORM – July 20, 2013**- DeafHearingSibs Presents:

**Deaf and Hearing Families: 'Discovering Our Roots Together'**

**Program: 9 a.m. to 9 p.m. (approx.)(No lodging accommodations)**

**Section 1: Personal Information:**  Self  Family member

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_ V/tty/vp (Circle)

Email: \_\_\_\_\_

Male  or Female  Age: \_\_\_\_\_ Hearing Status: (circle all that apply):

Deaf HH Hearing Coda Sibling Parent Other Relative: \_\_\_\_\_

Administration Teacher Other staff: \_\_\_\_\_ Residential Day Program (Public School)

Professional Interpreter Mental Health Other: \_\_\_\_\_

**SECTION 2: Emergency Contact:**

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Eve: \_\_\_\_\_ V/ TTY /VP (circle)

Email: \_\_\_\_\_

**SECTION 3: INTERPRETING NEEDS: (please check)**

This Retreat will be interpreted in ASL. I will need:  VOICE  DEAF/BLIND  OTHER: \_\_\_\_\_

**SECTION 4: MEAL REQUEST:**

I am requesting vegetarian meals:  Lunch  Dinner  Both

Any other accommodations List here: \_\_\_\_\_

I would like to volunteer as an interpreter only.

I would like to volunteer as a helper for this event only.

**NOTE:** RID (.7)CEU s are offered for participating in this Retreat. Separate registration and fees apply.

**9 AM TO 5 PM. (EVENING PROGRAM OPTIONAL)**

Check at the door with Millie Stansfield or contact ([millie.mft@gmail.com](mailto:millie.mft@gmail.com)) for more information.

**SECTION 5: MEDICAL WAIVER:**

I \_\_\_\_\_, will be responsible for my own medical coverage while I am at the Deaf and Hearing Family Retreat (July 18-21, 2013). I understand that the California School for the Deaf and Sibs/Retreat Committee will not be liable and will not cover any medical expenses if any injury occurs at CSD during the said Deaf/Hearing Family Retreat.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 6: MEDIA RELEASE:**

I, (print name) \_\_\_\_\_, give my consent for photos and/or media images of myself to be used for the Deaf/Hearing Family Retreat’s publication and promotional materials. Initials \_\_\_\_\_

**SECTION 7: (NEW LOW FEE) NO REFUNDS**

**\*Pre Registration/package. Deadline date July 8, 2013**

**\*Package includes registration fee, 2 meals (lunch/dinner), workshops, crafts, entertainment.**

**\*\$50 per adult (\$60 at the door)**

**\*\$25 per teen (13-17) (\$35 at the door)**

**\*\$150 (maximum, more than 3 persons)**

**Complete Registration form (for each person attending) sign and date.**

1. Make Check Payable to: **NorCal** Notate memo: **deafhearingsibs**
2. Mail to: 4708 Roseville Road, Suite 112, North Highlands, CA 95660
3. or use PayPal. Go to [www.norcalcenter.org](http://www.norcalcenter.org)

**Any questions please contact [deafhearingsibs@gmail.com](mailto:deafhearingsibs@gmail.com) (DAVID FAIR)**

**a)Note: There are NO lodging accommodations. There are hotels nearby. You will need to make your own arrangements.**

**b) Nearest airport: San Jose or Oakland Airport Site Address: South Fremont Mission Springs Community Church, 48989 Milmont Dr, Fremont, Ca 94538**

**c) No Child Care provided. Workshop Event is geared to teens (13+) and adults only. No children under 13 please!**