MSDB Learning Weekend 2019

### Registration

(please check one)

□ Deaf Learning Weekend – May 31, June 1-2, 2019 (May 18th application deadline)

□ Blind Learning Weekend – June 7-9, 2019 (May 18th application deadline)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Town Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (will send confirmation for the weekend via email or US Mail if no email listed)

Names and ages of all family members attending:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Age | T-shirt Size |  | Name | Age | T-shirt Size |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ |

1. Check the sessions you will be attending:

Friday evening \_\_\_\_ Saturday afternoon \_\_\_\_

Saturday morning \_\_\_\_ Sunday morning \_\_\_\_\_

1. Will you be staying overnight on campus?

Yes \_\_\_\_\_ No \_\_\_\_\_ Number of people \_\_\_\_\_

1. Will you need baby-sitting services (for birth to 3)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Number of children \_\_\_\_\_\_

1. List any special needs (physical accommodations, dietary, etc). We will do our best to meet your request.
2. Do you need an interpreter for the parent sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

***Space Available on First Come First Serve Basis***

Please complete and return by **May 17th (Registration Deadline for both weekends is May 17th)** to:

## Summer Programs - Learning Weekend 2019

## Montana School for the Deaf and the Blind

## 3911 Central Avenue

**Great Falls, MT 59405**

If you have any questions,

**Deaf Learning Weekend** –  Katie Opp (781-3906) Cathy Jury (579-4641), Kim Schwabe (868-0851), Leann Goss (590-0461), Emily LaSalle (461-1294), Kitty Griffin (925-1208),  Carol Clayton-Bye (771-6091)  or Jim Kelly (771-6120)

 **Blind Learning Weekend** –  Barb Balko-Rolf  (544-7537), Sue Davis (670-3569), Kerri Norick (599-3176), Jane Garrison  (471-0225), Sharon Woods (629-0111),  Amy Tangen (399-6936), Michelle Cross (788-3452), Carol Clayton-Bye (771-6091) or Jim Kelly (771-6120)

**PLEASE COMPLETE BOTH SIDES **

PERSONAL RELEASE and PICTURE/MEDIA RELEASE

The directors, agents and employees of the Montana School for the Deaf and the Blind are hereby released, acquitted and discharged from any claim for damage or suit by reason of injury, illness or damage to person or property during the course of this program including transportation to and from any event. In that regard, We/I hereby covenant that on our/my behalf the below named shall not file a claim or bring suit with respect to any such injury or damage.

We/I do/do not (circle one) give permission for my child(ren) to be specifically interviewed or photographed by newspaper, TV, radio or other media personal. This release will also allow use of family photo’s (taken during the weekend), quotes, etc., to be used in future information about the Learning Weekend.

We/I, the undersigned, are/am Parent/Guardian of (list children): \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Parent/Guardian |  | Date |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Parent/Guardian |  | Date |

CODE OF CONDUCT

We/I acknowledge that alcohol, drugs, sexual misconduct or illicit behavior on the part of the participant(s) are grounds for expulsion during the Learning Weekend. **(see note below\*\*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date |  | Name | Date |
| Signature of Parent/Guardian  |  |  | Signature of Parent/Guardian |  |
| Signature of Participant  |  |  | Signature of Participant  |  |
| Signature of Participant  |  |  | Signature of Participant  |  |
| Signature of Participant  |  |  | Signature of Participant  |  |

**\*\*Parents Please Note:**

Although we encourage families to bring all the siblings to be a part of this fantastic learning experience, we expect the older children be willing participants as well. The past several years we have encountered older siblings not willing to participate in the groups and have demonstrated behavior that is not appropriate for such a weekend. It is advisable that each family discuss this with their children to determine if they are willing to follow the program as established by the planning committee. We expect the older children to serve as role models for the younger students and to make the Learning Weekend a fun and positive experience.

**PLEASE COMPLETE BOTH SIDES **