## **MSDB LEARNING WEEKEND 2018** Registration (please check one)

		<ul> <li>□ Blind Learning Weekend – June 1-3, 2018 (May 18<sup>th</sup> application deadline)</li> <li>□ Deaf Learning Weekend – June 8-10, 2018 (May 18<sup>th</sup> application deadline)</li> </ul>								
	Name:			Phone #						
	Address			Town	Town Zip					
	Email (will send confirmation for the weekend via email or US Mail if no email listed)									
	lames and ages of all family members attending:									
	<u>Name</u>	<u>Age</u>	<u>T-shirt</u> <u>Size</u>	<u>Name</u>	<u>Age</u>	<u>T-shirt</u> <u>Size</u>				
3.	Check the sessions you will be attending:  Friday evening Saturday afternoon Sunday morning Sunday morning									
4.	Will you be staying Yes	_	campus? o	Number of peop	le					
5.	Will you need baby-sitting services (for birth to 3)?  Yes No Number of children									
6.	. List any special needs (physical accommodations, dietary, etc). We will do our best to meet your request.									
7.	Do you need an int	terpreter for th	ne parent sess	ions? Yes N	0					
Pie Su Mo 39	pace Available on Fease complete and Immer Programs - contains School for the 11 Central Avenue reat Falls, MT 5940	return by May Learning We the Deaf and	18 <sup>th</sup> (Registration	S <b>iS</b> on Deadline for both week	ends is May 18 <sup>th</sup>	') to:				

5.

6.

7.

If you have any questions, **Deaf Learning Weekend** – Scott Henry (590-1254 text only), 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)

## 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/a		uardian of (list c	ŕ						
Signature of Paren	t/Guardian		Date						
Signature of Paren	t/Guardian		Date						
CODE OF CONDUCT									
We/I acknowledge that alcohoarticipant(s) are grounds for	_			-					
<u>Name</u>	<u>Date</u>	<u>N</u>	<u>lame</u>	<u>Date</u>					
Signature of Parent/Guardian		Signature of	Parent/Guardian						
Signature of Participant		Signature	of Participant						
Signature of Participant		Signature	of Participant						

## \*\*Parents Please Note:

Signature of Participant

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.

Signature of Participant