



SIBSHOP REGISTRATION FORM – Winter Sibteens 2022

Welcome to Community Options for Children and Families sibling support groups. This winter, we are pleased to offer Sibshops—recreation-based support groups for folks with a sibling with special needs—for teens weekly on Thursdays. Participants are also welcome to join via Zoom if in person is not a good fit.

Please complete the registration forms below and return pages 2 and 3 either by hand through the office mail slot, faxed or mailed to Community Options attention:

Carla Hyslop
Groups and Events Coordinator
1595 Bay Street
Victoria, BC V8R 2B5
FAX #: 250-389-1110

Community Options is accepting eTransfers for payments which can be emailed to billing@cofc.ca. Please ensure the password note is clear: such as child's first name, no caps, etc. Alternatively, send a second email with the password. Please do not include the password within the etransfer email.

If you require any additional information, please do not hesitate to contact Carla at 250-380-6363 ext 210 or via email at: chyslop@cofc.ca

Winter Sibteens: Ages 13-17

Cost: \$50 total (five 2-hour sessions) ***sliding scale or fee waive available

Payment method: eTransfer, cheque or cash

Location: Drops-off and pick-up at COCF offices (1595 Bay St). Other location(s) TBA

Session Time: 4pm - 6pm

Dates: Thursdays, Feb. 17th- Mar. 17th, 2022

REGISTRATION FORM TO BE RETURNED TO Community Options:

SIBSHOP: Participant(s)

First Name:		Last Name:	
First Name:		Last Name:	

PARENT (S) / Legal Guardian

First Name _____ **Last Name** _____

First Name _____ **Last Name** _____

Mailing Address: _____

Phone: Cell: _____ **Work:** _____ **Home:** _____

Email 1 _____ Email 2 _____
Primary _____

EMERGENCY CONTACT: (other than a parent)

First Name: _____ **Last Name:** _____

Relationship: _____

Phone: Cell: _____ **Work:** _____ **Home:** _____

PARTICIPANT INFORMATION:

Birthdate: _____ **Grade:** _____

Care Card #: _____ **Physician:** _____

Allergies, food, or health/behavior concerns: _____

Name of sibling with special needs: _____ **Age:** _____

Nature of special needs: _____

Currently a Member of Community Options for Children and Families:	YES		NO	
--	-----	--	----	--

If No, Please find attached membership form and return to office with application.

****Due to funding requirements all families must have a paid membership to Community Options**

- Registration cannot be guaranteed until registration form and fees are received.

I hereby agree to indemnify, release and save harmless Community Options, its employees or contractors for any loss or damage through personal injury or otherwise and claims arising from any accident or sickness to the participant. *Including the transportation of your child in the event of an emergency.

Signature: _____ DATE _____

Photograph Permission to Release Form

I understand and in agreement that the photograph(s) taken of my child during their participation in the Sibshop program may be used for promotion and publicity purposes for Community Options for Children and Families, including posting on the Community Options Website

YES I GIVE Consent		NO, I do NOT give Consent	
Signature: _____		DATE: _____	

For office use only:

Date: _____ Payment received: Fee Waived: Amount: \$_____ cash/etransfer cheque #_____

I would also like to make a donation of: \$_____ Receipt issued: # _____