

We will attend a two hour class of instruction about rock climbing safety and technique with plenty of time to climb. In addition to climbing the kids will play team building games and have time to jump on the tumble track. All the necessary gear and instruction is included. After the class we will go out to lunch to eat, chat and enjoy the company of our new friends. I hope you all can join us for the fun! If you have any questions Please contact:

**Jennifer Lambert at
508-732-9292 x 134 or
jenniferl@thearcofgp.org**



52 Armstrong Road
Plymouth, MA 02360

Developing Partnerships - Enriching Communities

The Arc
Greater Plymouth



**Ages 8—13years
For Brothers and Sisters of
children with special
needs**

The Arc of Greater Plymouth and Challenge Rocks have partnered to offer:

Rock Climbing



Please contact
Jennifer Lambert
508-732-9292 x134
jenniferl@thearcofgp.org



Sibshops is for brothers and sisters of children with special needs ages 8-13 yrs

Name of brother(s) or sister(s) with special needs: _____

DOB: _____ Age: _____ Gender: _____

Name or description of disability or health concern _____

What do you hope your child will gain from our Sibshops? Are there any particular topics you would like to address?

Does your enrolled child have food allergies, or other health restrictions of their own that we should know about?

Please provide any other information that you feel would make Sibshops a more enjoyable and educational experience for your child?

Location of Event: Participants will meet at the Arc office at 9:15am transportation will be provided to Hingham (Challenge Rocks) and lunch.

We will return to the Arc office promptly at 2:30pm for pickup.

When: Saturday, November 14, 2015

Time: 9:15am—2:30

Please wear comfortable clothes and sneakers

***Don't forget a water bottle ***

Thanks to funding from DDS a portion of this class will be covered.

Please Return Registration and Fee to:
The Arc Of Greater Plymouth
52 Armstrong Road
Plymouth, MA 02360
Attn: Sibshops
Jennifer Lambert
Registration Fee: \$10.00

Participant Name: _____

Age _____

Parent/Guardian _____

Phone: _____ Cell _____

Email: _____

Address: _____

Food Allergy _____

Photo Release

I, the undersigned, give the Arc of Greater Plymouth organizers my permission to use a photograph of me/my ward's likeness in television, radio, film, newspaper, magazines and any other media in connection with the Respite/ Family Support Program (This release will expire in one year.

Liability Waiver

I agree to assume all responsibility for all risk, damage or injury that may occur to me as a participant in this activity/ event. In consideration for being accepted as a participant, I hereby for myself, my heirs, executors and administrators, release and discharge The Arc of Greater Plymouth, the sponsors associated with this event, the staff, and volunteers from all claims, damages, rights of action, present and future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to, my participation in this event. I grant permission to be medically treated and receive emergency services at a local hospital. I also grant permission for the use of my name, picture, and or videotape in any broadcast, photograph or other account of this event.

Signature of Parent or Guardian