



North Dakota Vision Services/
School for the Blind

Presents

2018 Let's Get Moving
with Dr. Lauren Lieberman

March 16 - 17, 2018

REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____

Email: _____

Please indicate how many people in your family plan on attending. Please specify if teens will be attending the conference or organized youth activities.

Friday Night - Adults: _____ Children: _____ (Include ages)

Saturday - Adults: _____ Children: _____ (Include ages)

***Special Dietary Accommodations:** _____

Registration Fee: \$10 for each adult attendee – Children free

Make checks payable to North Dakota School for the Blind Foundation

Registration fee must be returned by February 26, 2018

Because this conference is being customized to meet the individual needs of each participant, it is imperative that registrations are returned by February 26, 2018

Accommodations/Alternative Formats Needed: _____

PLEASE RETURN THIS FORM TO:

ND VISION SERVICES/SCHOOL FOR THE BLIND
FAMILY TEAM
500 STANFORD RD
GRAND FORKS, ND 58203



Dr. Lieberman would like to customize the training to better meet your child's individual needs. **Please help us with the following information for each child in your family who will be attending.**

Child Name:	
Age:	Grade In School:

Vision Diagnosis:	
Other: (Hearing, Motor, Behavioral)	
Does your child wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear hearing aids? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Issues:

Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, What do the seizures look like:
What triggers the seizures:

Medications:

Restrictions in Movement:
Allergies:
Dietary Restrictions:

Other information you would like to share about your child:
What would you like to gain from this conference in regards to physical activity for your child: