



Greetings,

## OFFICIAL INVITATION

My name is Mark Walker and I'm the Founder and President of Awesome Fathers Taking Roles (AFTR). AFTR is a registered 501(c)(3) non-profit organization that educates fathers and male role models in the homes of child(ren) with special needs. Since 2012 we have hosted "Dance With My Daddy" an event that benefits many fathers by allowing them to spend quality time with their children with special needs over music, dancing and activities. The goal for our annual Dance is to focus on the relationship a father has with his child(ren) with special needs. AFTR also provide access to other educational and community resources.

Fathers play an essential role in every child's life. The task can be overwhelming if your child(ren) has been diagnosed with a special need.

The 8th Annual "Dance With My Daddy" will take place on Friday, October 4, 2019 from 7pm – 10pm at The Colerain Township Community Center (4300 Springdale Rd, Cincinnati, OH 45251). "Dance With My Daddy" is for any father / father figure who has a child(ren) with special needs. This year we are allowing our families to bring one additional special person that is significant in your child's life. There is no age restriction on the children participating, we only ask that the father / father figure bring their child to the dance.

### **These are the "Rules" to participate in this event:**

1. Completed registration forms must be returned and/or post marked no later than **Friday, September 13, 2019** to qualify for any giveaways.
2. Registration forms received after September 13, 2019 will be accepted but will not be eligible for gifts.
3. The dress code will be formal/semi-formal.
4. Show up with your child(ren), (Father figures are welcomed)
5. Ability to bring one additional person that is significant in your child's life.
6. This event is FREE for registered guests.

### **To the parents or legal guardian of the Participant:**

In the past we have tried to give a gift to every family that has attended our dance. This year we are limiting our giveaways to truly meaningful gifts to a select few families that provide the most positive impact in a child's life. To be eligible to receive a gift you must do the following:

1. Only those that are pre-registered by **September 13, 2019** will qualify for the giveaways. (Received or postmarked only)
2. On the registration form we ask for important information. Please complete **ALL** of the questions asked on the form.

We appreciate your input in this information; our hope is that we can provide meaningful and valuable gifts to those in need.

Thank you in advance

\* Parents / Legal Guardian Name: \_\_\_\_\_

\* Relation to Child: \_\_\_\_\_

\* Name of Additional Guest: \_\_\_\_\_

\* Child's Name: \_\_\_\_\_

\* Child's Age: \_\_\_\_\_ \*Grade: \_\_\_\_\_ \*Sex \_\_\_\_\_

Medical Condition \_\_\_\_\_  
(Medical Condition information is not required; however, it is helpful for catering our future events)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Best Contact Number: \_\_\_\_\_

\* Emergency Contact Name: \_\_\_\_\_

\* Relationship to Child(ren): \_\_\_\_\_ \* Emergency Contact Phone #: \_\_\_\_\_

What are some needs that would make a difference in your child's life, which currently cannot be satisfied? (Example: medical device, classes, etc.)

Can you provide us information regarding this need:

To qualify for one of our giveaways, please submit a 1-page typed letter with your registration. Please include why this gift will enhance or improve your child's life. Your information must be submitted by September 13, 2019. A panel will review all submissions and award prize(s) based on submissions.

\*Required Information

**Medical Condition and Waiver of Liability:**

**MEDICAL CONDITION/AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL CARE:** By signing below, I certify that I am eighteen (18) years of age and that I am the parent and/or authorized legal guardian of the "Dance With My Daddy" applicant named above. I also certify that my child named above is physically fit for light activity according to our family physician. In the event that my child named above is injured or otherwise becomes ill during participation in any "Dance With My Daddy" activities, and if such injury or illness is deemed an emergency situation by the "Dance With My Daddy"/AFTR staff, I hereby authorize any "Dance With My Daddy"/AFTR staff to provide or seek medical assistance as may be deemed necessary under then-existing circumstances.

**RELEASE AND WAIVER OF LIABILITY:** By signing below I acknowledge that I fully understand that the "Dance With My Daddy"/AFTR activities carry a risk of personal injury, and that individuals who choose to participate in "Dance With My Daddy"/AFTR activities are doing so at their own risk. Participation in the "Dance With My Daddy"/AFTR activities is on a voluntary basis only and the people named above are under no compulsion to participate in the "Dance With My Daddy"/AFTR activities. I hereby release, on my behalf and on behalf of my child named above, "Dance With My Daddy"/AFTR, and their respective officers, directors, members, managers, employees, agents, volunteers and contractors (collectively, the "Released Parties") from any and all liability and from any and all claims or demands whatsoever for bodily or personal injury, death to persons, or damage to or loss of property, or any other injury, damage or loss of any kind arising from or related to my child's participation in the "Dance With My Daddy"/AFTR activities. By signing below, I agree, on my behalf and on my child's behalf, not to sue the Released Parties and acknowledge and agree that I am releasing any and all right to make a claim or file a lawsuit against the Released Parties.

**PHOTO RELEASE:** By signing below I give permission to the "Dance With My Daddy"/AFTR staff to use my photograph.

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**\*\*Signature of Parent / Legal Guardian\*\***

**Date**

List special medical facts "Dance With My Daddy" staff should be made aware of:

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Does your child have any food allergies? If so, please specify.

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How did you hear about the "Dance With My Daddy"?

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Please return forms to:  
**Dance With My Daddy**  
**P.O. Box 31063**  
**Cincinnati, Ohio 45231**  
or  
email us at: [info@dancewithmydaddy.com](mailto:info@dancewithmydaddy.com)

If you, or someone you know, would like to donate please remember that **AFTR is a registered 501(c)(3); therefore, your contributions are 100% tax-deductible.** All donations can be sent to the same address as registration forms.

For more information please email us at [info@dancewithmydaddy.com](mailto:info@dancewithmydaddy.com) or call us at 513-341-7846.