



SAVE THE DATE

# 4TH ANNUAL DANCE WITH MY DADDY

Join us this year for the  
**4th Annual Dance With My Daddy**  
(Fathers and their child(ren) with Special Needs Dance)

**Friday, October 9, 2015**

7:00 PM to 10:30 PM

Centennial Barn

110 Compton Rd, Cincinnati, Ohio 45215

Over the years we have provided a place for fathers and their children with special needs to bond over music, dancing and games. During our time together we also provide families with access to resources that will help the fathers become better advocates for their children and family.



[www.dancewithmydaddy.com](http://www.dancewithmydaddy.com)



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 games. 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 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 4th Annual "Dance With My Daddy" will take place on Friday, October 9, 2015 from 7pm – 11pm at The Centennial Barn (110 Compton Road, Cincinnati, Ohio 45215). "Dance With My Daddy" is for any father / father figure who has a child(ren) with special needs. We are not placing an age restriction on the child(ren). We only ask that the father / father figure bring their child to the dance.

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

1. Completed registration forms must be returned and/or post marked no later than **Friday, September 4, 2015.**
2. The dress code will be formal/semi-formal.
3. Show up with your child(ren), (Father figures are welcomed)
4. This event is FREE for registered guests.

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

This year AFTR will be changing the format of the "Dance with My Daddy" program. In the past we have been blessed enough to provide each and every family with gifts and/or prizes at the event. As the event has grown, we have found that this activity takes too much time, and we feel it is important to let our guests have more of their own time to truly enjoy all the aspects of the full "Dance" event.

We are going to make two changes to the event, and we NEED your help! This is a GREAT way to make a bigger impact for our guests!

1. Only those that are pre-registered by **September 4, 2015** 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 additions to each guest's lives.

Thank you in advance

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

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

\* 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: special game, toy, medical device, special activity)

Can you provide us information regarding this need: (for budgeting and fund raising purposes)

\_\_\_\_\_ An item that is worth approximately \$50 or less

\_\_\_\_\_ An item that is worth approximately \$100 or less

\_\_\_\_\_ For the grand prize an item worth approximately \$100 up to \$500. To qualify for this item, 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 4, 2015. A panel will review all submissions and award a grand prize.

\*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” staff, I hereby authorize any “Dance With My Daddy” 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” activities carry a risk of personal injury, and that individuals who choose to participate in “Dance With My Daddy” activities are doing so at their own risk. Participation in the “Dance With My Daddy” activities is on a voluntary basis only and the people named above are under no compulsion to participate in the “Dance With My Daddy” activities. I hereby release, on my behalf and on behalf of my child named above, “Dance With My Daddy”, 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” 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.

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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.