



For the Love of Chance Center
Art Experience
With Color Me Mine
BUDDY SIGN UP Form

We will meet on January 28th, February 4th, 11th and 18th at 10:00 a.m.
Color Me Mine is located at
2441 N Maize Rd Suite 215, Wichita, KS 67205

Name _____ Age: _____
(Buddies MUST be at least 10 years of age.)

Address _____

Phone # _____ Email _____

(please make sure your email address is readable, this will be the way we contact you.)

Buddy shirt size: Youth S M L OR Adult S M L XL (circle one)

*****Buddy shirts MUST be worn at ALL times when participating in the activity! PLEASE do not forget your shirt and cause the child you are paired to not be able to participate. (If you plan on sharing your "Buddy" duties with another family member, choose a shirt size that will work for you both.)**

Do you have a specific participant you want to be matched with as a buddy?
Yes _____ No _____

If yes, please note the participant's full name _____

Are you available for **all four weeks** of the session (Jan. 28th, Feb. 4th, 11th and 18th)? Yes _____ OR No _____

If not, which date/s are you unavailable _____

****Please note, we hope to match the volunteers with the same child for the four weeks of the session. This creates consistency for the participants and buddies and allows the pair to develop rapport. It is VERY important you are able to commit to helping the child for the four weeks of the session. We will match those volunteers with children first who are able to attend all four sessions.**

In consideration of the For the Love of Chance Center providing the opportunity for me to participate in this session, the undersigned does hereby release and agree to indemnify and hold harmless the For the Love of Chance Center, it's staff, officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my activities in connection with participation in For the Love of Chance activities or the participation of any family member or guest. I assume all risks and hazards incidental to such participation in For the Love of Chance sessions and activities and consent to receive first aid and/or emergency medical care in the event of an injury.

I understand that there could be media and promotional coverage of For the Love of Chance Center sessions and activities and I give consent to publish my name and picture for such purposes.

Signature
**(Parent or guardian signature if
Buddy is under the age of 18)**

Date Signed

Printed Name

Please become a "fan" of the For the Love of Chance Center and Miracle League of Wichita KS on face book. We post LOTS of announcements and updates there.

Please print this form and mail to:
(We MUST have a hard copy on file)

**For the Love of Chance Center
PO Box 624
Andover KS
67002**