



For the Love of Chance Center
Art Experience
With Color Me Mine

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

DEADLINE to Register: January 21st, 2012 **FEES: \$40.00 (for participants)**

Participant Name

Contact number

Street Address

City

State

Zip Code

Parent / Guardian

e-mail

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

M/F

_____ Birthday

_____ Age

_____ School

Special Needs or Requirements

Wheelchair

_____ Walker

Other

Participant Shirt Size:

Youth S M L **OR**

Adult: S M L XL

(please circle one)

***** Participant shirt MUST be worn at all times in order to participate in the activity.**

Do you have a buddy you would like to be matched with (parent/sibling/etc.) Yes _____

No _____ **Please remember, our buddies are ALL volunteers and not all are trained in dealing with children with additional needs. If the player has behavioral needs that need extensive monitoring, please sign up as their buddy!**

If yes, please give their first and last name _____ (This buddy will have to register as a buddy even if it is the player's family member). Buddies MUST be at least 10 years of age.

Participant Diagnosis _____

Participant Current Prescription and Medications _____

Participant Allergies _____

Primary Care / Physician and Phone Number: _____

I give authorization for my child _____ to participate in For the Love of Chance Center activities, and do hereby release of any liability for injury that may occur while participating or as a spectator during the session.

I hereby grant the For the Love of Chance Center, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members including my participant/child. These materials may appear in any form, style color or medium whatsoever (including, without limitation, photographs, video tapes, films sound recordings, software, drawings, prints, broadcast, internet and electronic media.) I agree that all material containing any identifiable representation of me (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the For the Love of Chance Center. I hereby release and forever discharge the For the Love of Chance Center from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element there of that incorporates my name, voice, likeness or any other identifiable representation of me, my family including my participant/child.

I have agreed to the above in consideration of the opportunity given to me by the For the Love of Chance Center to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Name _____ Signature _____

Signature of Parent or Guardian _____

Name of Parent or Guardian (please print) _____

**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.

For additional information please email: Sports4AllKids@rocketmail.com

**Please mail registration and make checks
or money orders payable to:
For the Love of Chance Center
PO Box 624
Andover KS
67002**