Catch-A-Dream Foundation Application for Outdoor Adventure

Qualification Criteria
- 18 years old or younger
- U.S. or Canadian Citizen
- Suffering from life-threatening illness
- No previous hunting or fishing grant

A parent or guardian must accompany child on dream adventure.
- Minimum ages: Fishing – Age 6 Hunting – Age 8

Please complete the form below in its entirety. **Failure to provide complete information can delay the application process!**
This form must be signed by a parent or legal guardian of the applicant child.

Please note the following information regarding age requirements.
- The minimum age for hunting "big game" such as elk, moose, caribou, mule deer, bear, etc. is age 12 (older in some states.) Younger ages can be accommodated for most other game.
- The minimum age for deep-sea or off-shore fishing is 10 years old, but younger ages can be accommodated in most freshwater situations.

Information about the Child

(Please PRINT. This information must be COMPLETE in order to process the application)

Full name: _____
First Middle Last

Nickname or name child goes by: _____ Last 4 digits of Social security # _____ Date of birth: _____

Age: ____ Gender: ☐ Male ☐ Female Height _____ Weight _____ Hair Color _____ Eye Color: _____

Medical Verification

We must have this information in order to process the application.

The child's attending physician is:
Name: _____

Address: _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Phone (_____) _____ Fax: (_____)_____

May we contact the attending physician for medical verification? ☐ Yes ☐ No
RELEASE If yes, please sign the following: ***I have granted Catch-A-Dream permission to contact my child's attending physician regarding the health status of my child and hereby grant permission for the physician to release the requested information to Catch-A-Dream.***

_____ Date: _____
Parent or Guardian Signature

Contact Information

Please list names as they appear on Driver's License

Full Names of Parents or Legal Guardians

Father: _____
First Middle Last

Work Ph _____ Cell Ph: _____ Home Ph: _____

Mother: _____
First Middle Last

Work Ph _____ Cell Ph: _____ Home Ph: _____

Legal Guardian (if not a Parent) _____
First Middle Last

Work Ph _____ Cell Ph: _____ Home Ph: _____

Address: _____ City: _____

State or Province : _____ Zip/Postal Code :_____ Country: _____

E-mail_____ Fax:_____

FULL Names and ages of siblings living in the same household: _____

If parents are divorced or separated, which parent does the child live with? _____

Does this parent have legal custody? ☐ Yes ☐ No

If child is not in custody of either parent, explain relationship of guardian _____

We recognize that there are times when you may be away from home for treatments and medical care. Please provide us a contact person whom we can reach to get information to you during these times (family member, friend, etc.)

Contact Name:_____Contact Number: _____

General Information About Applicant Child

Race: ☐-Caucasion ☐-African American ☐-Hispanic ☐-Native American ☐ Other (specify) _____

Does this child have a CaringBridge or other special website? Yes __ No __ If "Yes," how is the site listed?

The child is suffering from _____
(condition or disease)

The child has the following special physical limitations or special needs that must be accommodated during an outdoor adventure: (i.e., motor skills, limited mobility, physical weakness, physiological weakness, medical or facilitative devices needed, etc.)

- Has the child ever received an outdoor wish grant? ☐ Yes ☐ No
  If NO, select one: ☐ No App ☐ App Pending ☐ App Declined
  From what organization? _____ When?_____
  What kind of wish was granted/requested? _____
- Has the child ever received a Make-A-Wish grant? ☐ Yes ☐ No
  If NO, select one: ☐ No App ☐ App Pending ☐ App Declined
  If YES, what kind of wish was granted?_____ When? _____
- Is the child currently an applicant, or planning to apply for any other wish grant (other outdoor organization, etc.)?
  ☐ Yes ☐ No If yes, from what organization? _____
  What wish was (or will be) requested from this other program? _____

- Has the child ever hunted or fished? ☐ Yes ☐ No If yes, briefly explain their level of experience.

- Has this child completed a Hunter Safety Course? ☐ Yes ☐ No

  If yes, in what state? _____ Certificate Number: _____

  ****Please include a photocopy of the Hunter Safety Certificate.**

Please list the top three hunting or fishing activities (in order) that this child may desire if approved:

1. . _____2. _____3. . _____

How did you learn about Catch-A-Dream? _____

Treatments and Availability

Is the child currently undergoing any regularly scheduled treatments? ☐ Yes ☐ No **If "Yes", please describe schedule and frequency:**

If approved, will the child and family be able to travel within 90 days? ☐ Yes ☐ No
If "No," please explain.

Social Worker or Child Life Specialist (Does the child have one?) ☐ Yes ☐ No

Name: _____ Name of Clinic or Hospital: _____

Address: _____City _____State _____ZIP_____

Phone number: _____ Fax: _____

Waiver of Liability

If the child is approved for a Catch-A-Dream Outdoor Adventure, will the parent/guardian be willing to sign a Waiver of Liability?
☐ Yes ☐ No (Copy available upon request)

Information About You (the person completing this form)

I am: (check one below)

☐ The Child's Parent or Guardian
☐ A Concerned Friend or Family
☐ The child's social worker or child life specialist
☐ The dream child!
☐ The Child's Attending Physician or other healthcare professional

My name is (if different from Parent or Guardian) _____

I can be contacted at (if different from above): _____
Questions? *Call 662-324-5700 or e-mail: info@catchadream.org*

Return this completed form to: ***Catch-A-Dream* Foundation. 2485 Ennis Road, Starkville, MS 39759** or **FAX: 662-324-5699**

Please attach a separate sheet if there is anything else you want us to know about this application.

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