Family Retreat

2014 Application

The retreat was an incredible opportunity for my family to make new friends, emotionally connect, express feelings, be pampered, have fun, relax, and the list could go on! It was something we were missing and needing for some time. ~*Lissette Martinez, Mother/Retreat Attendee*

Please read further for information on our program and the application process.

Eligibility:

- ☑ Families must fit the illness/crisis criteria listed below.
- ☑ Families must have children between the ages of 6 weeks-18 years old living in the household.
- ☑ Family members attending must be living in the household of the applicant.
- ☑ Families **must** commit to attending the entire weekend from Friday at 11:30am until Sunday at 1:30pm.
- ☑ Families must participate in all scheduled activities.
- ☑ Families must be able to provide their own transportation to and from the venue.
- ☑ Families can not attend more than once.

The following forms must be completed and returned before your application can be processed:

- ☑ Completed application (pages 3-6)
- ☑ Applicant Medical History & Health Examination (pages 7-8) **portion to be filled out by a physician**
- ☑ Family Medical & Emergency Information (pages 9-11)
- ☑ Releases for Publication, Travel, Participation & Claims (page 12)

Group Served	Date	Location	Application Deadline
Families who have a child with spina bifida	February 7-9	FFA Leadership Training Center Haines City, Florida	January 7th
Families who have a child with an autism spectrum disorder or a related disability	March 21-23	Cerveny Conference Center Live Oak, Florida	February 21st
Families who have a child with a craniofacial condition	April 25-27	Duncan Conference Center Delray Beach, Florida	March 25th
Families who have experienced the death of a loved one	May 16-18	Duncan Conference Center Delray Beach, Florida	April 16th
Families who have a child with cancer	June 6-8	FFA Leadership Training Center Haines City, Florida	May 6th
Families who have a child with epilepsy	July 11-13	River Ranch Lake Wales, Florida	June 11th
Families who have medically complex children	August 15-17	FFA Leadership Training Center Haines City, Florida	July 15th
Families who have a child with a genetic syndrome	September 12-14	The Fountains Orlando, Florida	August 12th
Families who have a child with a blood disorder	October 10-12	FFA Leadership Training Center Haines City, Florida	September 10th
Families who have a parent with multiple sclerosis	November 14-16	FFA Leadership Training Center Haines City, Florida	October 14th

Once your application is completed, please mail or fax it to:

Deliver the Dream · 3223 NW 10th Terrace, Suite 602 · Ft. Lauderdale, FL 33309

Fax: 954.564.4385 Questions: 1.888.OUR DREAM

Frequently Asked Questions

When will I know if my family is selected to attend the retreat?
You will be notified by Deliver the Dream of your family's application status 2-3 days after the deadline date via email or phone. Space is limited for up to 15 families so please make sure to turn your application in on time. Late applications will still be reviewed but will result in a lower priority status. A completed application does not guarantee acceptance.

What happens on a retreat?
Deliver the Dream provides structured therapeutic family-centered activities for up to 15 families that offer respite, relaxation, and recreation for those who are experiencing similar challenges. A Deliver the Dream weekend will give you and your family a new sense of self and enhanced coping skills.

Are there age specific activities?
Yes. Most of the activities include the entire family, but there are times when your family will be split up into groups based on age and illness/crisis. For the tots (ages 6 weeks to 1st grade), "Kids Korner" will be available during those time periods when parents are participating in structured activities. Youth (2nd grade-12 years old), teens (ages 13-18) and adults will participate in separate age appropriate selected activities too.

What types of activities will we be doing?
You and your family will be participating in structured activities such as assorted recreational indoor and outdoor activities, discussion groups, interactive games, creative workshops, team building exercises, and more! If you have ever been to camp, we do a lot of the same activities. Ample time is also provided for relaxation, spending time with family members and meeting new supportive friends.

Where is the retreat located?
Each retreat is offered at one of our selected venues which are miles away from the hustle and bustle of the crowded city. Each venue is unique but all are located in rustic surroundings where natural beauty creates an atmosphere perfect for a fun-filled weekend retreat.

Where do we stay?
Families will stay in hotel-like rooms with two double beds and a private bath (the number of rooms are based on the size of a family). Linens and towels are provided. Rooms are not equipped with a TV or telephone but there is WiFi located in main buildings. Breakfast, lunch & dinner will be prepared by the food service professionals and is served buffet style in the main dining hall.

What does the retreat cost?
Nothing! Thankfully, due to the generosity of our sponsors, Deliver the Dream will cover **ALL** lodging, activities, & group meal expenses.

What happens if someone from my family is not feeling well on the retreat?
There is a medical professional on the retreat, who is available 24/7 to administer first aid for minor bumps and bruises. In the event of an emergency, they will assist in getting your family member to a local hospital.

Are there any restrictions on the retreat?
Yes, we do have a few rules: pets are not allowed, this will be an alcohol and drug free weekend, you must attend and participate in all retreat activities the entire weekend and we ask that you do not leave the property. Plus, most importantly, HAVE FUN!

Still not sure about applying?
Check out our website (www.deliverthedream.org) for family testimonials and our retreat video.

Family Application

Please print clearly. Black/blue ink only.

NOTE: If you are applying for a bereavement weekend please list the deceased as the applicant

What retreat are you applying for *(date only)*:_____

*Applicants First & Last Name:_____ M or F

Parent or child with the illness/crisis

Relationship to the family:_____ Date of Birth:_____ Age:_____

Diagnosis:_____ Date of Diagnosis:_____

Estimated # of hospital visits per year:_____ *Cause of Death:_____

*How many month or years has it been since your loved one died:_____

Please tell us a little about the applicant:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please check any behavioral or emotional conditions that the applicant has/had been diagnosed with:

( )ADD/ADHD ( )Anxiety ( )Depression ( ) OCD ( )Other:_____

_____

Please list the other family members who will attend the retreat *(immediate family only):*
Use another sheet of paper if there are more than 6 people in your family

First & Last Name	M or F	Relationship	DOB	Age
	M or F			
	M or F			
	M or F			
	M or F			
	M or F			

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____ _____ _____
Please include area codes cell home work

E-mail _____ Preferred method of communication: cell home work email mail
You may circle more than one

Other:
List languages spoken by your family members *(please note that all sessions are in English):*
( )English ( )Spanish ( )French ( )Other_____
If a family member does not understand English please list their name(s) and language spoken:

_____

Please check all special equipment that your family will bring to the retreat: ( ) N/A
( )Cane ( )Crib ( )Crutches ( )Power Wheelchair ( ) Wheelchair ( )Walker ( )Other_____
Please state who will be utilizing the items checked above:_____
Will that person need a handicapped accessible room? ( )Yes ( )No

Does your family require the use of a refrigerator for medications or baby formula? ( )Yes ( )No
Please note: Parents must bring baby formula, diapers and baby food for all infants

Has anyone in your family ever attended a sleep away or day camp? ( )Yes ( )No If yes, please explain.

_____

Have you ever applied for a Deliver the Dream retreat? ( )Yes ( )No If yes, when:_____

Has your family ever received a wish or dream from another organization? ( )Yes ( )No If yes, from what organization?_____

Who referred you to our program (organization/person)?_____

Please answer the following questions:

Tell us about your family.

How do you feel this retreat might be beneficial for your family?_____

Applicant Medical History and Health Examination

If applying for a bereavement weekend please skip to page 9. The following information MUST be completed by the parent or adult applicant (There is a section to be filled out by a physician medically clearing the applicant for the weekend). This will provide the Deliver the Dream medical professional with appropriate information on the applicant's specific needs. Please notify us if there are any changes to the health status of the applicant prior to the weekend.

_____ _____ _____ ( ) Female ( ) Male
Last First Middle

_____ _____ _____ _____
Date of Birth Age Height Weight

Insurance Information

Name of Company: _____ Phone #:_____

Member ID: _____ Group #:_____

Allergies

Does the participant have allergies to any food, medicines or any substance? ( ) Yes or ( ) No If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Medications

_____ **Check here for no medications**

Medications	Reason	Amount	How Often

Food Restrictions _____ **Check here for no food restrictions**

( ) Does not eat red meat ( ) Does not eat pork ( ) Does not eat eggs ( ) Does not eat poultry
( ) Does not eat seafood ( ) Does not eat dairy products ( ) Gluten Free ( ) Other *(please be specific)*

_____

_____

_____

_____

Provide additional information regarding the applicant's behavior. Describing their physical, emotional, or mental health which Deliver the Dream staff should be aware of.

_____

_____

_____

_____

_____

_____

_____

Licensed Medical Professional's Health Care Recommendations

This portion is to be completed and signed by a licensed medical professional

I hereby attest that I am the treating physician for _____ and in my opinion, the named applicant **( )IS** or **( )IS NOT** able to participate in activities offered during the Deliver the Dream Retreat.

The applicant is under the care of a physician for the following condition(s):

_____

Medications and or treatment to be administered by parents/guardians during the Retreat Weekend:

_____

_____

Any medically prescribed meal plan or dietary restrictions: _____

Description of any limitations or restrictions on weekend activities:_____

_____

Other: _____

_____ _____ _____
Physician Printed Name Physician Signature Date

_____ _____
Office Number Pager (in case of emergency)

Family Medical and Emergency Information

Please do not add the applicant to this form. This form is for the other family members attending the retreat. All of this information is keep confidential and will only be shared with Deliver the Dream's medical professional. It is extremely important that you fill this form our in its entirety. Please print clearly and list each family member individually.

1. First and Last Name: _____

Does the participant have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Does the participant have any food restrictions?(vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

_____

Does the participant have any health conditions that may limit their participation? YES or NO If yes, please explain.

_____

Please list all current over the counter or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

2. First and Last Name: _____

Does the participant have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Does the participant have any food restrictions?(vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

_____

Does the participant have any health conditions that may limit their participation? YES or NO If yes, please explain.

_____

Please list all current over the counter or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

3. First and Last Name: _____

Does the participant have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Does the participant have any food restrictions?(vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

_____

Does the participant have any health conditions that may limit their participation? YES or NO If yes, please explain.

_____

Please list all current over the counter or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

4. First and Last Name: _____

Does the participant have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Does the participant have any food restrictions?(vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

_____

Does the participant have any health conditions that may limit their participation? YES or NO If yes, please explain.

_____

Please list all current over the counter or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

5. First and Last Name: _____

Does the participant have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Does the participant have any food restrictions?(vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

_____

Does the participant have any health conditions that may limit their participation? YES or NO If yes, please explain.

_____

Please list all current over the counter or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

6. First and Last Name: _____

Does the participant have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

Allergies: _____ Reaction:_____

Does the participant have any food restrictions?(vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

_____

Does the participant have any health conditions that may limit their participation? YES or NO If yes, please explain.

_____

Please list all current over the counter or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

Emergency Contact *(must be someone not attending the retreat)*

_____ _____ _____

Name Relationship Phone Number

Permission to Administer Treatment

The information contained in these medical forms is correct and complete to the best of my knowledge. I grant permission for the above-named guests herein to engage in Deliver the Dream retreat weekend activities with exception to those noted on these forms and agree to abide by any restrictions placed on me or my family. I hereby give permission to Deliver the Dream on-site professional health staff to provide routine health care, administer prescribed medications (if necessary), and seek emergency medical treatment. I agree to the release of any records necessary for insurance purposes. I give permission to Deliver the Dream to arrange necessary health-related transportation for me or my family. In the event I cannot be reached during an emergency, I hereby give permission to the appropriate medical personnel selected by Deliver the Dream to secure and administer treatment, including hospitalization, for the above-named guests. If necessary, a copy of this completed form may be used for any trips away from the Deliver the Dream retreat weekend facility that may be offered as part of the overall program.

_____ _____ _____

Parent/Legal Guardian Name Parent/Legal Guardian Signature Date

Releases for Publication, Travel, Participation and Claims

Please list every family member attending the retreat below. First and last names please.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Release for Publication *(please initial yes or no below)*

During the course of the Deliver the Dream experience, there will be occasions when your family members may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for you and your family member's participation. By initialing below, parents and/or guardians may choose to grant or deny Deliver the Dream, Inc. permission to use photographs or videotapes of the above-named family members, alone or in groups, in newspaper articles, newsletters, Web-site, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the Deliver the Dream program. By granting permission below, you hereby release and hold harmless Deliver the Dream, Inc. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ Initial "**YES**, I/we give permission for the above-named guests to be photographed and/or videotaped for publication".

OR

_____ Initial "**NO**, I/we deny consent for the above-named guests to be photographed and/or videotaped for publication".

Permission to Participate, Travel and Release of Claims *(please fill out below)*

I/We, on behalf of myself or ourselves, and as parent(s)/guardian(s) of the _____ **family** minor children, hereby give permission for the above-named family members (hereinafter "the Family") to travel to _____ **(retreat location)** on _____ **(date)**, as participants in the Deliver the Dream Retreat Weekend Program (hereinafter "the Retreat Weekend"). I/We understand that "the Family" will travel by car to "the Retreat Weekend" which will take place from _____**(date)**. I/We understand that while at "the Weekend", depending on the venue, "the Family" may be offered *physical activities including, but not limited to rock wall climbing, swimming, boating, arts & crafts, tennis and basketball. (*Please note activities are subject to change depending upon the venue).

In consideration of participation in "the Retreat Weekend", I/we, for myself/ourselves, heirs, executors, and administrators, hereby personally and on behalf of "the Family", release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which "the Family" or I/we may now or hereafter have against Deliver the Dream, Inc. other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I/we may now or hereafter have arising out of or in any way connected with participation by "the Family" in Deliver the Dream, including, but not limited to, travel to or from "the Retreat Weekend" and injuries which may be suffered before, during, or after "the Retreat Weekend". I/we understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I/we understand that we are assuming the risk for any activities we participate.

_____ Parent/Legal Guardian Name

_____ Parent/Legal Guardian Signature

_____ Date