Deliver the Dream
Family Retreat 2015 Application

The retreat was not only a much needed recharge for our family, but also an incredible time with people who’d been through similar experiences. Deliver the Dream is so unique in that these retreats are all about the family—the family we came with, and the new family we formed over three unforgettable days. ~ David, Father/Retreat Attendee

Please read further for information on our program and the application process. 
A completed application does not guarantee acceptance.

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:
☑ Family Retreat Application (pages 3-5)
☑ Releases, Permissions and Emergency Contact (page 6)
☑ Applicant Medical Information (page 7) *portion must be filled out by a licensed medical professional*

<table>
<thead>
<tr>
<th>Group Served</th>
<th>Date</th>
<th>Location</th>
<th>Application Deadline</th>
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<tbody>
<tr>
<td>Families who have a child with spina bifida</td>
<td>February 27-March 1</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>January 27th</td>
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<tr>
<td>Families who have a child with an autism spectrum disorder or a related disability</td>
<td>March 20-22</td>
<td>Cerveny Conference Center, Live Oak, Florida</td>
<td>February 21st</td>
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<tr>
<td>Families who have a child with cerebral palsy</td>
<td>April 17-19</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>March 17th</td>
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<td>Families who have a child with a genetic syndrome</td>
<td>May 15-17</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>April 15th</td>
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<td>Families who have a child with a blood disorder</td>
<td>June 5-7</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>May 5th</td>
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<tr>
<td>Families who have experienced the death of a loved one</td>
<td>July 24-26</td>
<td>Duncan Conference Center, Delray Beach, Florida</td>
<td>June 24th</td>
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<tr>
<td>Families who have a child with epilepsy</td>
<td>August 14-16</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>July 14th</td>
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<tr>
<td>Families who have a child with Down syndrome</td>
<td>September 11-13</td>
<td>The Fountains, Orlando, Florida</td>
<td>August 11th</td>
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<td>Families who have a child with cancer</td>
<td>October 9-11</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>September 9th</td>
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<tr>
<td>Families who have a parent with multiple sclerosis</td>
<td>November 13-15</td>
<td>FFA Leadership Training Center, Haines City, Florida</td>
<td>October 13th</td>
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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 (687-3732)
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 retreat 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 Corner” 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. Some rooms are not equipped with a TV or telephone but there is WiFi located in main buildings. Breakfast, lunch and 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, and group meal expenses. Families are only responsible for transportation to and from the retreat.

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.
Deliver the Dream Family Retreat Application

*If you are applying for the bereavement retreat please list the deceased as the applicant

Please print clearly. Black/blue ink only.

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: __________

*When did your loved one die: __________________ *Cause of Death: _____________________

Please tell us about the applicant: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

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

Who referred you to our program (organization/person)? __________________________
Please list the other family members who will attend the retreat: *(immediate family only)*

Do **NOT** add the applicant to this page. Please use another sheet of paper if there are more than 6 people in your family.

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**Home Address:** ________________________________  **Apt/Suite:** ____________

**City:** ___________________________  **State:** _____  **Zip:** ____________

**Phone Numbers:**
- Please include area codes
- cell
- home
- other

**E-mail:** ___________________________  **Preferred method of communication:** cell  home  other  email  mail

*You may circle more than one*
Please answer the following:
Tell us about your family and why you feel this retreat might be beneficial.
Releases, Permissions and Emergency Contact

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

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**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.

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<tr>
<th>Initial</th>
<th>“YES, I/we give permission for the above-named guests to be photographed and/or videotaped for publication.”</th>
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<tbody>
<tr>
<td>Initial</td>
<td>“NO, I/we deny consent for the above-named guests to be photographed and/or videotaped for publication.”</td>
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</table>

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

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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**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”). I/We understand that while at “the Retreat”, depending on the venue, “the Family” may be offered physical activities including, but not limited to rock wall climbing, swimming, canoeing, arts & crafts, and basketball. (“Please note activities are subject to change depending upon the venue). The information contained in these 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 and agree to abide by any restrictions placed on me or my family. I hereby give permission to Deliver the Dream on-site professional medical 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.

In consideration of participation in “the Retreat”, 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” 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 in which we participate.

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<tr>
<th>Parent/Legal Guardian Name</th>
<th>Parent/Legal Guardian Signature</th>
<th>Date</th>
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Applicant Medical Information
*If applying for the bereavement retreat you do NOT have to fill out this form.

First, middle & last name  
M or F  
DOB  
Age  
Height  
Weight

**Allergies** *(please attach a separate list if needed)*
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** *(please attach a separate list if needed)*

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<tr>
<th>Medications</th>
<th>Reason</th>
<th>Amount</th>
<th>How Often</th>
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_____ Check here for no medications

**Food Restrictions** *(please explain)*

_____ Check here for no food restrictions


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**Licensed Medical Professional’s Health Care Recommendations**
*This portion is to be completed and signed by a licensed medical professional (MD, DO, NP or PA)*

I hereby attest that I am the treating licensed medical professional for the applicant listed above and in my opinion, the named applicant ( )IS or ( )IS NOT able to participate in activities offered on the Deliver the Dream Retreat.

The applicant is under the care of a licensed medical professional for the following condition(s):

______________________________________________

Description of any limitations or restrictions on weekend activities:

______________________________________________

______________________________________________

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Licensed Medical Professional Printed Name  
Licensed Medical Professional Signature  
Date

Office Number  
On Call/After Hours Number