



# Deliver the Dream

## Family Retreat 2017 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 into the program.*

**Eligibility:**

- ☑ Families must fit the illness/crisis criteria listed below.
- ☑ Families **must** commit to attending the entire weekend from Friday at 11:30am until Sunday at 1:30pm.
- ☑ 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 be able to provide their own transportation to and from the retreat.
- ☑ Families must participate in all scheduled activities.
- ☑ Families can not attend more than once.

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

- ☑ Family Retreat Application (pages 3-5)
- ☑ Releases, Permissions and Emergency Contact (page 6)
- ☑ **A letter from a healthcare professional (must be on letterhead and be signed, dated, include professional title, work address, phone, and email) stating applicant's current diagnosis plus any physical, emotional or cognitive delays, medications and allergies.** (Excluding Post 9/11 combat veteran retreat and death of a loved one retreat).

Group Served	Date	Location	Application Deadline
Families who have a child with an autism spectrum disorder or a related disability	February 17-19	Haines City, Florida	January 17th
Families who have a child with spina bifida	March 31-April 2	Haines City, Florida	March 1st
Families who have a parent who is a Post 9/11 combat veteran	April 21-23	Delray Beach, Florida	March 21st
Families who have experienced the death of a loved one -Parent or Child	May 19-21	Haines City, Florida	April 19th
Families who have a child with cancer	June 9-11	Haines City, Florida	May 9 <sup>th</sup>
Families who have a parent with multiple sclerosis	July 21-23	Delray Beach, Florida	June 21
Families who have a child with epilepsy	August 18-20	Haines City, Florida	July 18th
Families who have a child with Down syndrome	September TBD	Orlando, Florida	August TBD
Families who have a parent with breast cancer	October 13-15	Haines City, Florida	September 13th
Families who have a child with a craniofacial condition	November 3-5	Haines City, Florida	October 3rd

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

**Deliver the Dream · 3223 NW 10<sup>th</sup> 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?**

All eligible applications will be entered into a lottery to select the final retreat recipients. Retreat recipients will be notified by Deliver the Dream 2-3 business days after the deadline date. Space is limited for up to 15 families so please make sure to turn your application in on time. A completed application does not guarantee acceptance into the program.

## **What happens on a retreat?**

Deliver the Dream provides structured, therapeutic, family-centered activities 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 1<sup>st</sup> grade), “Kids Corner” will be available during those time periods when parents are participating in structured activities. Youth (2<sup>nd</sup> 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](http://www.deliverthedream.org)) for family testimonials and our retreat video.



# Deliver the Dream Family Retreat Application

*Please print clearly. Black/blue ink only. A completed application does not guarantee acceptance into the program. All eligible applications will be entered into a lottery to select the final retreat recipients.*

What retreat (illness/crisis) are you applying for: \_\_\_\_\_

Applicants First & Last Name: \_\_\_\_\_ M or F

*\*If applying for the bereavement retreat list the deceased as the applicant.\** 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: \_\_\_\_\_

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List languages spoken by your family members (*Please note: 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:

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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 your family ever attended a sleep over camp/retreat together? Yes No

If yes, please explain: \_\_\_\_\_

Has your family ever had a wish/dream granted by another organization? Yes No

If yes, please explain: \_\_\_\_\_

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.

1. \_\_\_\_\_ M or F \_\_\_\_\_  
First & Last Name Relationship DOB Age

Dietary restrictions or food allergies? \_\_\_\_\_

Any health conditions that may limit their participation? \_\_\_\_\_

2. \_\_\_\_\_ M or F \_\_\_\_\_  
First & Last Name Relationship DOB Age

Dietary restrictions or food allergies? \_\_\_\_\_

Any health conditions that may limit their participation? \_\_\_\_\_

3. \_\_\_\_\_ M or F \_\_\_\_\_  
First & Last Name Relationship DOB Age

Dietary restrictions or food allergies? \_\_\_\_\_

Any health conditions that may limit their participation? \_\_\_\_\_

4. \_\_\_\_\_ M or F \_\_\_\_\_  
First & Last Name Relationship DOB Age

Dietary restrictions or food allergies? \_\_\_\_\_

Any health conditions that may limit their participation? \_\_\_\_\_

5. \_\_\_\_\_ M or F \_\_\_\_\_  
First & Last Name Relationship DOB Age

Dietary restrictions or food allergies? \_\_\_\_\_

Any health conditions that may limit their participation? \_\_\_\_\_

6. \_\_\_\_\_ M or F \_\_\_\_\_  
First & Last Name Relationship DOB Age

Dietary restrictions or food allergies? \_\_\_\_\_

Any health conditions that may limit their participation? \_\_\_\_\_

**Contact Information**

Home Address: \_\_\_\_\_ Apt/Condo: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ (Please include area codes)

E-mail: \_\_\_\_\_ Preferred method of communication: cell home email





# Releases, Permissions and Emergency Contact

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 members' 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.

\_\_\_\_\_ "YES, I/we grant permission"  
Initial

OR

\_\_\_\_\_ "NO, I/we deny permission"  
Initial

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

_____	_____	_____
Name	Relationship	Phone Number

## 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.

\_\_\_\_\_ Parent/Legal Guardian Name

\_\_\_\_\_ Parent/Legal Guardian Signature

\_\_\_\_\_ Date

