

# Catch-A-Dream Foundation Application for Outdoor Adventure



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.

### 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

## Information about the Child (Please PRINT)

Full name: \_\_\_\_\_

First Middle Last

Nickname or name child goes by: \_\_\_\_\_ Social security # \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

## 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.*

\_\_\_\_\_  
 Parent or Guardian Signature Date: \_\_\_\_\_

## Full Names of Parents or Legal Guardians

## Contact Information

**Please list names as they appear on Driver's License**

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: \_\_\_\_\_

Names and ages of siblings living in the same household: \_\_\_\_\_

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

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: -Caucasian -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  Applied but not approved  
If yes, or not approved, from what organization? \_\_\_\_\_  
When? \_\_\_\_\_ What kind of wish was granted? \_\_\_\_\_  
If "applied but not approved" what wish was requested? \_\_\_\_\_
- Has the child ever received a Make-A-Wish grant?  Yes  No  Applied but not approved  
If yes, what was it? \_\_\_\_\_ When? \_\_\_\_\_
- Is the child currently an applicant, or planning to apply, for any other wish grant (Make-A-Wish, 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 662-325-8149 or e-mail [catchadream@ext.msstate.edu](mailto:catchadream@ext.msstate.edu)

**Return this completed form to:** **Catch-A-Dream Foundation. PO Box 6280, Mississippi State, MS 39762 or FAX: 662-325-5870**

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