



Catch-A-Dream Referral/Application for Outdoor Adventure

Please complete the form below in its entirety. **Failure to provide complete information can delay the application process!**

Please note the following information regarding age requirements.

- The minimum age for hunting "big game" such as elk, moose, caribou, bear, etc. is 12 years old. Younger hunters can be accommodated for white-tailed deer and many other species.
- The minimum age for deep-sea or off-shore fishing is 10 years old.

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

Full name: _____

Nickname or name child goes by: _____ Social security # _____

Date of birth: _____ Age: _____ Gender: Male Female Height _____ Weight _____

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?

Contact Information

Full Names of Both Parents or Guardians: _____

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 _____

Address: _____ City: _____

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

Work phone: _____ Cell phone: _____ E-mail: _____

Fax: _____ 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: _____

Information About Applicant Child

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, 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? _____

- 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? _____

Medical Verification

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

If yes, please sign the following release: ***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: _____

Treatments

Is the child currently undergoing any regularly scheduled treatments? Yes No

If "Yes", please describe schedule and frequency:

Availability

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?)

Name: _____ Name of Clinic or Hospital: _____

Address: _____

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 member
 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): _____

Information/Comments: Is there anything else that you want us to know?

Questions? Call 662-325-8149 or e-mail catchadream@ext.msstate.edu

Return this completed form to: **Catch-A-Dream Foundation**

PO Box 6280

(10/07)

Mississippi State, MS 39762

or

FAX: 662-325-5870