

**DREAM DAY ON CAPE COD
Holiday Weekend 2009
December 4th – 6th
Family Application**

Dream Day on Cape Cod is an organization dedicated to children with life threatening illnesses and their families. We are excited to announce that this year's annual Holiday Weekend will again be held at the Clarion Hotel [formerly All Seasons Motel] in South Yarmouth. We are grateful to owner George Abbott and his staff, for their continued support and partnership.

The goal of Dream Day's Holiday Weekend is like all Dream Day events: *fun and respite for the special families we serve*. A light schedule of programming is offered, including a special holiday party on Saturday from 12 to 3pm. Dream Day activities are family-focused and we remind families that supervision is essential for safety and all-in-all family enjoyment. Please note that for the 2009 Dream Day Holiday Weekend, we can allow immediate family members only. Unfortunately we are unable to serve cousins, aunts, uncles, and other extended family. Siblings must be youth age 18 and under.

Additionally, please note that it is our mission to bring a 'ray of sunshine' to as many families as possible and therefore we must prioritize new families.

Family arrival is on Friday, December 4th anytime after 3pm. A casual pizza dinner is offered poolside Friday, along with crafts and games for those interested in partaking. Saturday is the annual family party – complete with lunch, entertainment, and Santa! Saturday evening, families enjoy downtime on their own – and can explore the area for dinner and also relax back at the All Seasons. Continental breakfast is served both Saturday and Sunday mornings. Family departure and checkout is 10:30am Sunday morning.

Please contact Director Kathleen Giorgio with any questions or concerns, via email at kgiorgio@verizon.net or 774-994-7346

Completed family forms can be sent by November 15th to:

**Kathleen Giorgio
Dream Day on Cape Cod
165 Nan-Ke-Rafe Path
Brewster, MA 02631**

Families will be notified of receipt and subsequent acceptance after that deadline.

Dream Day Family Information

Child's Full Name: _____ M____ F____

Address: _____ City: _____ State ____ Zip: _____

Diagnosis: _____ Date of Diagnosis _____

In remission? Y ___ N ___ If yes, since when: _____

Age: _____ Birth Date: _____ Grade in School: _____

Child's primary language: _____ Can he/ she speak English: Y____ N__

Would your family need a wheelchair accessible room? Y _____ N_____

Please note that Dream Day serves immediate family members only.

Parent/Guardian Name(s): _____

Phone: H _____ W _____ C _____

Email: _____

Please list youth siblings [under 18] planning to attend:

Siblings Name: _____ Age: _____ M____ F____

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GENERAL INFORMATION

How did you hear about Dream Day on Cape Cod?

Internet _____ **Hospital _____ Other _____

** Medical Personnel Name _____ Position _____ Hospital _____

Have you ever been to Dream Day Holiday Weekend before? ___Yes ___No

if yes, how many times? ____

Attended Camp Nan-Ke-Rafe? _____ if yes, how many times? ____

Family Agreement

WE ASK THAT ALL FAMILY MEMBERS READ THE BELOW AGREEMENT. BY INITIALING AND SIGNING BELOW, ALL FAMILY MEMBERS UNDERSTAND THE RULES AND WILL ABIDE BY THEM AT ALL TIMES.

OUR FAMILY UNDERSTANDS AND AGREES TO ALL OF THE FOLLOWING RULES:

- Underage campers will not bring alcohol to Dream Day Holiday Weekend _____
- We will not bring illegal drugs to Dream Day Holiday Weekend _____
- We will not bring knives or potentially dangerous items to Holiday Weekend _____
- We will not swear or use foul language at Holiday Weekend _____
- We will treat all fellow families and staff members with respect at all times _____
- We will follow staff/hotel instructions regarding any out of bound areas _____
- We will observe designated quiet times _____
- We will respect Dream Day and Clarion property and equipment at all times _____

Signature of Parent/ guardian **

RELEASE OF LIABILITY

The undersigned parent/ guardian understands that occasionally accidents occur during activities and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risk of weekend activities, nevertheless, and in consideration of my family's acceptance for participation in Holiday Weekend, the undersigned agrees to assume those risks and to hold harmless Dream Day on Cape Cod, and all organizations agents, representatives, employees and volunteers. Further, the undersigned acknowledges that Dream Day on Cape Cod accepts no responsibility for the loss, damage or theft of my family's property.

Signature: _____ Date: _____

PHOTO AND INFORMATION RELEASE

I give Dream Day on Cape Cod permission to photograph and use pictures or visual and audiotapes of my child and family in professional and fundraising activities. Dream Day respects the privacy of its families and does not allow unauthorized visitors to photograph the premises or families.

Signature: _____ Date: _____

PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN FULL. PARTIALLY COMPLETED APPLICATIONS WILL BE RETURNED

** Please note, Foster parents must have DSS worker sign off as guardian