



FOUNDATION FOR DREAMS, INC.  
www.foundationfordreams.org

# Dream Oaks Camp Application

Mail to:  
Foundation for Dreams, Inc.  
16110 Dream Oaks Place Bradenton, FL 34212  
For Questions call: (941) 746-5659 - Fax: (941) 745-1409  
Email: registration@foundationfordreams.org

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address:

\_\_\_\_\_ Street/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Camper's Medical History (include primary diagnosis/surgeries, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Email: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Best time to reach you (circle): Morning/Afternoon/Evening/Any

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Email: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Best time to reach you (circle): Morning/Afternoon/Evening/Any

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Camper lives with: Mother/ Father/ Both Parents/ Caregivers

## EMERGENCY CONTACT INFORMATION

Please list a local friend or relative in the event that you cannot be reached during an emergency

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Please include a copy of the camper's health insurance card with the application as this helps expedite the check-in process\*

## Direct Care Questionnaire

1. The following questions regard mobility.

- ❖ Does camper walk independently? Yes or No If yes, please continue to next section.
- ❖ Does your camper use braces/AFOS? Yes or No
- ❖ Does your camper need assistance with transfers? Yes or No
- ❖ Does your camper use (circle) Crutches Walker Wheelchair (Manual/ Electric)

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

2. The following questions regard sleep habits.

- ❖ Does he/she sleep walk? Yes or No Has he/she slept away from home? Yes or No
- ❖ Does he/she sleep through the night? Yes or No Is he/she a restless/light sleeper? Yes or No
- ❖ Does he/she have nightmares? Yes or No Does he/she take naps during the day? Yes or No

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

3. The following questions regard dressing skills.

- ❖ Camper needs which of the following when dressing (circle):  
No Assistance Verbal Assistance Minimal Assistance Full Assistance

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

4. The following questions regard toileting skills.

- ❖ Does your camper (circle): Wet the bed Get Easily Constipated Use a Foley Catheter/Urinary Bag
- ❖ Does your camper wear diapers? Yes or No If yes, please select: Day Night Pool
- ❖ Camper needs which of the following when toileting (circle):  
No Assistance Verbal Assistance Minimal Assistance Full Assistance

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

5. The following questions regard visual and auditory senses.

- ❖ Does your camper wear glasses? Yes or No
- ❖ Does your camper have hearing difficulty? Yes or No
- ❖ Does your camper wear assistive technology for their hearing difficulty? Yes or No

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

6. The following questions regard speech and communication.

- ❖ Please select which of the following is applicable to your camper (circle):  
Clear Conversation Difficult to Understand Limited Speech Non-Verbal
- ❖ Does your camper use simple signs or ASL to communicate? Yes or No
- ❖ Does your camper understand simple speech? Yes or No
- ❖ Does your camper use assistive communication tools (PECS, iPad, Etc.)? Yes or No

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

7. Is your camper's mental and functional age different than their actual age? Yes or No

- ❖ If yes, what is their mental age? \_\_\_\_\_ What is their functional age? \_\_\_\_\_

**Please use the following space to explain:** \_\_\_\_\_  
\_\_\_\_\_

8. The following questions regard meals at camp.

- ❖ Your camper's appetite is generally (circle):      Excellent      Average      Fair      Poor
- ❖ Does your camper require a special diet?      Yes or No
- ❖ Does your camper require limited portions?      Yes or No
- ❖ Does your camper require assistance with feeding/ meal prep?      Yes or No

**Please use the following space to explain your camper's needs during meal time and list restricted foods or substitutions:**

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9. Please give the most accurate information and inform our office if there are any changes after submission.

- ❖ Does your camper have medically diagnosed seizures?      Yes or No  
     If yes, Seizure type: \_\_\_\_\_      Frequency: \_\_\_\_\_  
     Date of last seizure: \_\_\_\_\_      Medication: \_\_\_\_\_
- ❖ Does your camper have any medically diagnosed allergies?      Yes or No
- ❖ Does your camper have a cardiac condition or respiratory problems?      Yes or No
- ❖ Does your camper fatigue easily?      Yes or No
- ❖ Does your camper have any of the following allergies?      Food      Environmental      Medication

**If yes, please use the following space to explain:** \_\_\_\_\_

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10. The following questions regard your camper's behavior.

- ❖ Has your camper been separated from home before?      Yes or No
- ❖ Does your camper wander away from groups?      Yes or No
- ❖ Has your camper ever run away from home/school?      Yes or No
- ❖ Does your camper have unusual fears?      Yes or No
- ❖ Are there any precautions you wish to have observed at camp?      Yes or No
- ❖ Does your camper have dangerous tendencies that could result in harm to self?      Yes or No
- ❖ Does your camper have dangerous tendencies that could result in harm to campers or staff?      Yes or No

**If you answered yes to any of the above questions, please use the following space to explain:**

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11. What types of behaviors does your camper exhibit when he/she is unhappy? \_\_\_\_\_

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12. Please use the following space to explain how you handle your camper's behaviors (i.e. positive reinforcements, activities that are calming and rewards that your camper likes to work for):

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**If applicable, please attach your camper's behavior management plan and/or IEP, as it relates to behavior.**

13. Does your camper require one-to-one supervision while at school?      Yes or No      If yes, please explain:

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## Program Questionnaire

Listed are possible programs that your child **may** experience while attending Dream Oaks Camp.

Music & Movement	Swimming	Horseback Riding	Arts & Crafts	Yoga
Nature Studies	Boat Rides	Cooking	Canoeing	Campfires
Scavenger Hunts	Sports & Games	Dances	Science	Drama & Skits

1. Are there strategies that have been effective when participating in any of the above activities? Please explain.

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2. May your camper participate in the following programs?

Swimming? Yes or No                      Horseback Riding? Yes or No                      Boat Ride/Canoeing?    Yes or No

❖ Can your child swim independently?                      Yes or No

❖ Does your camper need assistive floatation devices?    Yes or No

❖ Does your child have a feeding tube?                      Yes or No

If so, how do you protect that area during water activities? \_\_\_\_\_

❖ Does your camper wear socks in the water?                      Yes or No

❖ Is your child prone to having ear infections after water activities? If yes, explain how can we prevent them.

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3. What is your campers dominate hand?                      Right Hand    Left Hand    Either Hand

4. Does your camper have a favorite activity? Please explain.

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5. Is your camper sensitive to the heat or the sun?                      If yes, please explain.

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6. Does your camper have any restrictions or limitations during physical activity?                      If yes, please explain.

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7. Does your camper struggle with sensory processing? If yes, please explain.

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8. Would your camper benefit from a sensory room type setting? If yes, what equipment would best work for your child?

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9. What is your camper's favorite piece of equipment on a playground? \_\_\_\_\_

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Please use the following space to give us any information you may feel was not answered in the above questionnaires.

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**CHECK OUT PROCEDURE:**

Camp staff will not release your camper to anyone other than the parent or guardian without prior written authorization. I authorize Foundation for Dreams, Inc and Dream Oaks Camp staff to release this camper to the following person(s):

\_\_\_\_\_  
Name Relationship to Camper

\_\_\_\_\_  
Name Relationship to Camper

**If there are any custody issues that our staff should be aware of,  
please contact our Executive Director or Director of Camp Operations prior to attending.**

**Please read the following statements carefully and sign your name to each.**

**ACCEPTANCE CONDITIONS**

Foundation for Dreams, Inc and Dream Oaks Camp reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by Dream Oaks Camp. These decisions are made on an individual basis, by the Executive Director, Director of Camp Operations and/or Nurse. Parents/Guardians will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Health Examination Form which must be completed signed by a physician, M.D., must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers or staff members.

**Applications and Medical Paperwork must be submitted annually.**

I agree to the acceptance conditions above. Should it become necessary for my camper to leave camp, or any Foundation for Dreams, Inc or Dream Oaks Camp function, for any reason, I will make provisions to bring the camper home. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to Foundation for Dreams, Inc and Dream Oaks Camp. I agree to notify Foundation for Dreams, Inc and Dream Oaks Camp of any changes that need to be made in this application before camp.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**ASSUMPTION OF RISK:**

I, \_\_\_\_\_ (Parent/Guardian), of \_\_\_\_\_ (camper), who desires to participate in the activities offered and organized by Foundation for Dreams, Inc and Dream Oaks Camp, hereby acknowledge that I am aware of potential significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, my spouse and my successors, I willingly assume such risks. By signing this document I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp.

Yes  No  Parent/Guardian Signature: \_\_\_\_\_

**PERSONAL PROPERTY:**

I, \_\_\_\_\_ (Parent/Guardian) recognize that Foundation for Dreams, Inc and Dream Oaks Camp cannot accept responsibility for camper's personal property. To help eliminate losses, the undersigned ensures that **all clothing is labeled with camper's name and a list of belongings has been included in luggage.**

Yes  No  Parent/Caregiver Signature: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY**

I, \_\_\_\_\_ (Parent/Guardian), hereby acknowledge that I have voluntarily applied to engage \_\_\_\_\_ (camper) in the activity of horseback riding with the Foundation for Dreams, Inc and Dream Oaks Camp, Prospect Riding Center and Wolfe’s Born to Ride LLC. I understand that the activity of horseback riding involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I further understand that an animal, irrespective of its training and usual past behavior and characteristic, may act or react unexpectedly or unpredictable at times, and I also assume such risks. I understand that my camper may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including: breaks, growth, debris, rocks, cliffs and other hazardous surfaces or subsurface conditions and obstacles, whether they are obvious or not apparent, man-made or natural. I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death associated with horseback riding, whatever the cause. I understand that the equipment being used at Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe’s Born to Ride, LLC is maintained to the best of their abilities. I agree to assume all risk of injury or death caused by equipment failure, whatever the cause. As consideration for being permitted by The Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe’s Born to Ride, LLC to engage in the activity of horseback riding, I do hereby waive any claim, and release The Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe’s Born to Ride, LLC and all owners, officers and members, affiliated organizations, horse and land owners, agents and or employees for any injury or death caused by, or resulting from my camper’s participation in the activity of horseback riding. This contract shall be legally binding upon my estate, assigns, my personal representatives, and self. Pursuant to Florida Statute §773.04, the following warning applies: UNDER FLORIDA STATE LAW, AN EQUINE ACTIVTY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICPANT IN EQUINE ACTIVITES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITES. I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this contract on behalf of my camper of my own free will. THIS IS A RELEASE OF LIABILITY. By signing this release, you agree to the terms outlined in this agreement.  
Parent/Caregiver Signature: \_\_\_\_\_

**PHOTO RELEASE:**

I, \_\_\_\_\_ (Parent/Guardian), consent to and authorize the use and reproduction by Prospect Riding Center and Wolfe’s Born to Ride, LLC of any and all photographs and any other audio / visual materials taken of \_\_\_\_\_ (camper) for promotional material, educational activities, exhibitions or for any other use for the benefit of all three programs.  
Yes  No  Parent/Caregiver Signature: \_\_\_\_\_

**MEDIA RELEASE:**

I, \_\_\_\_\_ (Parent/Guardian), hereby give consent to Foundation for Dreams, Inc and Dream Oaks Camp, to photograph my camper and, without limitation, to use such pictures and/or stories in connection with any of the work of said Foundation for Dreams, Inc and Dream Oaks Camp without consideration of compensation of any kind, and hereby release said Foundation for Dreams, Inc and Dream Oaks Camp Dreams from any claims whatsoever which may arise.  
Yes  No  Parent/Caregiver Signature: \_\_\_\_\_

**CAMP SLIDESHOW DVD:**

We will be offering the Friday Camp Slideshow on DVD for a donation at the end of the week. The undersigned does hereby give consent to Foundation for Dreams, Inc and Dream Oaks Camp to use photographs of said child in the Camp Slideshow DVD.  
Yes  No  Parent/Caregiver Signature: \_\_\_\_\_

**ACKNOWLEDGE AND RELEASE TO FUNDING AGENCY**

I, \_\_\_\_\_ (Parent/Guardian), hereby acknowledge and release to the Foundation for Dreams, Inc and Dream Oaks Camp my camper’s records which may be required by a Funding Agency for purposes of monitoring and evaluating services.

Child’s/Camper’s Name \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGE AND RELEASE TO MANATEE COUNTY GOVERNMENT**

I, \_\_\_\_\_ (Parent/Guardian), understand that this program receives funding from Manatee County Government and that from time to time County representatives may request access to any or all Agency records relating to this program and/or the delivery of its services for the purposes of evaluating or monitoring the program or delivery of service. I understand that any records provided to the County shall become public records, may be subject to any applicable state or federal exemptions, and may be inspected by third persons.

Child's/Camper's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGE AND RELEASE TO FOUNDATION FOR DREAMS, INC AND DREAM OAKS CAMP**

I, \_\_\_\_\_ (Parent/Guardian), hereby recognize that Foundation for Dreams, Inc and Dream Oaks Camp cannot accept responsibility for camper's personal electronic devices. I hereby release and forever discharge Foundation for Dreams, Inc and Dream Oaks Camp and all of the employees, consultants, officers, volunteers, or agents of those entities, including sponsoring agencies for the Program, and all others associated with producing and administering the Foundation for Dreams, Inc and Dream Oaks Camp, from and against any liability, including but not limited to damage to electronic property.

Child's/Camper's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RELEASE:**

I, \_\_\_\_\_ (Parent/Guardian), authorize that in the event that an emergency should arise while \_\_\_\_\_ (camper) is at, going or returning from, camp requiring medical or surgical care or treatment, Foundation for Dreams, Inc and Dream Oaks Camp staff may select and designate nurses, physicians, and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of Florida, may be needed and proper. I authorize Foundation for Dreams, Inc and Dream Oaks Camp staff to render any aid and assistance to my camper, and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life threatening conditions (e.g., EpiPen, inhaler), will be carried by a camp staff member and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. I release and absolve Foundation for Dreams, Inc and Dream Oaks Camp, and nurses, physicians, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith. **Parents/Guardians will be notified immediately of any treatment sought.**

Parent/Caregiver Signature: \_\_\_\_\_

**RELEASE AND WAIVER:**

In consideration of the permission granted by Foundation for Dreams, Inc and Dream Oaks Camp for \_\_\_\_\_ (camper) to participate in activities at camp

I, \_\_\_\_\_ (Parent/Guardian), hereby agree to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin, may or might have against Foundation for Dreams, Inc and Dream Oaks Camp, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. I further agree to indemnify and hold harmless Foundation for Dreams, Inc and Dream Oaks Camp from any loss, liability, damage or costs that may be incurred due to the acts of the camper during the camper's participation in activities at camp.

Yes  No  Parent/Caregiver Signature: \_\_\_\_\_