



"Capture a Dream"

Client Eligibility and Program Application

"Capture a Dream" program promotes education, arts, sports, and culture by providing clients with gift items necessary to make their dreams come true.

Today's Date: _____

Applicant Information

Are you completing this form as the client? Yes _____ No _____
If **No**, please state your name and relationship to applicant:
Name: _____
Relationship: _____
Phone #: (_____) _____ Email: _____

Client Information

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone #: (_____) _____
Birthdate: _____ Age: _____ Gender: _____
SSN: _____ US Citizen or Permanent Residence? Yes _____ No _____
Email: _____
of Household Members: _____ Annual Household Income: \$ _____
Are you affiliated with a nonprofit organization? If so, please list name here: _____
Have you ever been convicted of a felony? Yes _____ No _____
If Yes, please explain: _____

Tell Us About Your Dream

Please feel free to use a separate sheet of paper if you need more space for the answers.

What category does your dream fall under?

<input type="checkbox"/>	Educational
<input type="checkbox"/>	Cultural
<input type="checkbox"/>	Sports
<input type="checkbox"/>	Arts

Career

Other: _____

What is your **short term** dream? (example: Win 1st place in science fair)

What is your **long term** dream? (example: To become a pharmacist)

Why is this dream important to you? _____

What actions have you **taken** towards achieving this dream? (Please list actions in chronological order)

What actions are **still** needed to achieve your dream? (Please be as specific as possible)

How did you hear about our "Capture a Dream" program? _____

How can we help you capture your dream? (Provide specific resources requested and with total estimated dollar amount value (example: Science kit and science books, estimated value of \$50)

In what ways can your dream help/benefit our community? _____

Additional comments or special circumstances that we should be aware of: _____

I certify that the information on this application is true and correct. If any information is found to be untrue, I will be disqualified from this program immediately.

Client Signature

Date

Parent/Guardian Signature (if client is under age 18)

Parent/Guardian Printed Name

"Capture a Dream" Application Instructions:

Application is not valid until **ALL** of the following have been completed, submitted, and received by Capture the Dream, Inc.:

- 1) Capture a Dream Application
- 2) 2008 Tax Return
- 3) Proof of Citizenship / Residency
- 4) Signed "Waiver of Liability Agreement"
- 5) Signed "Multimedia Waiver Form"

Please mail completed forms to:

Capture the Dream, Inc.
"Capture a Dream" Program
484 Lake Park Ave #15, Oakland, CA 94610

Any questions regarding this application may be addressed to:

Cheng-Cheng Lok
Program Manager - "Capture a Dream"
Cheng@CaptureTheDream.org



Capture the Dream, Inc. Multimedia Waiver Form

[Photos; Videos; Stories; Profiles]

Capture the Dream, Inc. (“CTD”) has the permission of the undersigned, (the “Participant”) to use photographs, videos, likeness, profile and/or story, including media depicting children under Participant’s care, for promoting CTD on its webpage and other promotional materials produced. The participant understands the use of the aforementioned materials would be strictly used to promote CTD programs and that there will be no compensation to the participant for this said use.



CTD has a detailed privacy policy in place. CTD will never disclose and/or sell any personal information or use information for purposes other than record keeping

Upon dream fulfillment from “Capture a Dream” program, I am willing to provide a photo and testimony for CTD media, website, and other use solely for purposes of promoting the program.

Client Signature

Date

Client Printed Name

Permanent Phone # (optional)

Parent/Guardian Signature (if client is under age 18)

Parent/Guardian Printed Name



Capture the Dream, Inc.
Waiver of Liability Agreement – Minor Participant

Participant's Name: _____ Age: _____ Date of Birth: _____

Activity/Program: _____

In consideration for myself and my minor children being permitted by Capture the Dream, Inc. to participate in community recreational activities I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor children may sustain or which may occur as a result of my or my minor children's participation in these activities.

I, _____ (Parent/Guardian's Name), understand and agree that:

1. This release is intended to discharge in advance the corporation, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself or minor child to participate in the described activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the corporation, its officers, employees and agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
7. I will indemnify and hold the corporation harmless from any loss, liability, damage, cost or expense, including litigation, which may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities;
8. I will pay for any loss or damage or cost the corporation may have to cover if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
9. In the event that said minor requires medical or surgical treatment while under the supervision of said corporate personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment;
11. I expressly permit said minor child to travel by private automobile to activities and events related to the described activity;
12. Activities are not child care as defined by the State of California.
13. I understand that corporate staff may photograph or videotape me and/or my minor children and that the corporation may use such photographs or videotapes to promote corporate programs and classes. I expressly allow, and hereby, waive any objection to, the corporation's photographing and/or videotaping of me and/or my minor children when I and/or my minor children are participating in a corporate recreational program. I understand all photos and videotapes will remain in the property of the Capture the Dream, Inc.

I certify that I have custody or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the described activities.

I have carefully read this Waiver of Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Capture the Dream, Inc., and that I sign it on my own free will.

Signature

Date

Parent/Guardian #1 Name

Address

Relationship

Day Phone

Evening Phone

Cell Phone/Pager Number

PLEASE FILL OUT THE QUESTIONS BELOW

In case of emergency, parents will be notified. If parental consent cannot be obtained, in case of emergency please contact:

Name Day Phone Evening Phone Relationship

Physician's Name Physician's Phone Medical Insurance Carrier Medical ID Number

Does your child currently take any medications?

NO _____ **YES** _____ **Please List** _____

If yes, please select ONE of the following options:

- I authorize my child to administer medication to him/herself.**
- I authorize the City of Oakland to administer medication to my child.**

Attach envelopes for any medications you wish us to administer.

IMPORTANT: Put only one dose per envelope, then write the type of medication, the day and time to be taken on the front of the envelope.

Allergies: NO _____ **YES** _____ **Please List** _____

Other than the parent/guardian, the following person(s) are authorized to pick up my child from the city program:

Name: _____ **Relationship:** _____ **Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____

(For safety purposes, we will be checking ID's and comparing them to the approved persons on the list. To avoid any inconvenience, please add anyone who will be picking up your child. Thank you for cooperation.)

*** Capture the Dream, Inc. Personnel Only ***

Event: _____ Date _____

Guardian I.D. Type (Passport, Driver's License, etc.) _____ I.D. Number _____



Capture the Dream, Inc.
Waiver of Liability Agreement – Adult Participant

Participant's Name: _____ Age: _____ Date of Birth: _____

Activity/Program: _____ Date(s): _____

In consideration for myself, being permitted by Capture the Dream, Inc. to participate in community recreational activities, I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in these activities.

I, _____, understand and agree that:

1. This release is intended to discharge in advance the corporation, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with my participation in the activities;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for my participation in the described activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the corporation, its officers, employees and agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
7. I will indemnify and hold the corporation harmless from any loss, liability, damage, cost or expense, including litigation, which may incur as a result of any injury and/or property damage which I may sustain while participating in said activities;
8. In the event that I require medical or surgical treatment while under the supervision of said corporate personnel in connection with the described activity, such supervisor may authorize treatment;
9. I will pay all medical, hospital, or other expenses which I may incur as a result of such treatment;
10. I understand that corporate staff may photograph or videotape me and that the corporation may use such photographs or videotapes to promote corporate programs. I expressly allow, and hereby, waive any objection to, the corporation's photographing and/or videotaping of when I am participating in a corporate recreational program. I understand all photos and videotapes will remain in the property of the Capture the Dream, Inc.

I have carefully read this Waiver of Liability, Medical Release and Indemnification Agreement and fully understand its contents. I hereby acknowledge that I am eighteen (18) years old, or older, and I am aware that this is a release of liability and a contract between myself and Capture the Dream, Inc. I execute this Permission Slip voluntarily and as an individual who has reached the age of maturity.

Signature

Date

Day Phone

Evening Phone

Cell Phone/Page Number

PLEASE FILL OUT THE QUESTIONS BELOW

Physician's Name

Physician's Phone

Medical Insurance Carrier

Medical ID Number

In case of emergency, please contact:

Name

Day Phone

Evening Phone

Relationship

*** Capture the Dream, Inc. Personnel Only ***

I.D. Type (Passport, Driver's License, etc.) _____

I.D. Number _____