CONFIDENTIAL

BERT'S BIG ADVENTURE APPLICATION

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

Bert's Big Adventure
Application Dept.
PO Box 420917
Atlanta, GA 30342-0917

What is Bert's Big Adventure?

Bert's Big Adventure (BBA) is a 501 (c)(3) non-profit organization that provides a spectacular five day journey to Walt Disney World for children with a chronic or terminal illness and their families. This trip and the year round programs that follow each adventure allow participants to establish lasting friendships with others facing similar challenges, experience events and venues that otherwise could not be afforded, and enjoy the gift of intimate family time together where the focus turns from living with an illness to making magical moments.

All applications must be postmarked by ***November 5, 2011*** *to be accepted. You will be notified by mid December 2011 as of the status of your application. A faxed or photocopied version of the application is not acceptable. An original copy of the application must be mailed. Only the medical questionnaire can be faxed.*

Prior to completing this application, please refer to the following requirements:

The child you are nominating must be between the ages of 5 and 12 years old, or will be at the time of the trip (2/2012).

The child you are nominating has never been to Walt Disney World.

Without the help of BBA, the child/family you are nominating does not have the financial means available to afford a trip to Walt Disney World. Families may be asked to verify income through previous tax returns.

DO NOT STAPLE APPLICATION PAGES

A parent or legal guardian must complete and sign this application

Date of Application: _____

Part 1: Nominated Child's Information

Name of Child: _____ Male or Female

If applicable, nickname of child: _____

Address of Child: _____
Street Address Apt. # City/State/Zip Code

Home Phone: _____ Birth Date: _____
MM/DD/YYYY Age

Name of Child's School: _____

Grade Level: _____ Name of Child's Teacher: _____

T-Shirt Size: _____

Part 2: Parent or Legal Guardian's Information

Name of Person Completing Application: _____

Relationship to Applicant: _____

Address if Different from Child: _____
Street Address Apt. # City/State/Zip Code

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Please list addresses for the past 5 years if different from above:

_____

_____

_____

_____

Other Parent/Guardian Contact Information:

Name: _____

Relationship to Parent or Legal Guardian as listed above: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

With Whom Does the Child Currently Reside: Both Parents ____ Mother____ Father ____
Legal Guardian ____ Other _____

Is English the parents' first language? Yes _____ No _____

Name of Mother's Employer: _____

Please give detailed employment history for the past 5 years, including company name and term of employment:

_____
_____
_____
_____

Name of Father's Employer: _____

Please give detailed employment history for the past 5 years, including company name and term of employment:

_____
_____
_____
_____

Annual Household Income: _____

Emergency Contact Information – Someone other than parent/legal guardian listed above.

Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Has the Department of Family and Children's Services (DEFACS) ever opened a case on anyone in the family? If yes, please explain:

_____
_____
_____

Has anyone in the family ever been arrested for a felony or misdemeanor, not including traffic violations? If yes, please explain:

_____
_____
_____

Part 3: Information Regarding Child's Medical Condition

What is your child's diagnosis? _____

Please give a short description of your child's illness: _____

_____

_____

Please give a short description of the medical treatment/attention your child is currently receiving:

_____

_____

What do you have to do to care for your child? _____

_____

Does your child have any travel restrictions? Yes ____ No ____ If yes, please explain: _____

_____

Please list any medications your child is currently taking: _____

Does your child require special medical equipment on a daily basis, such as: Wheelchair _____ Walker _____ Other _____

If your child requires a wheelchair, is it: Manual _____ Electric _____ Wheelchair Weight _____

Does your child require the wheelchair: All the time _____ For Distance Only _____

Does your child require oxygen? Yes _____ No _____ If yes: As needed: _____ Continuous _____

Does your child require any specialized medical care that must be provided by a nurse or physician on a daily basis? Yes _____ No ____ If yes, please explain: _____

_____

Name of child's primary care pediatrician: _____

Phone number of primary care pediatrician: _____

Name of specialists, nurses, therapists, and/or specialty clinics that regularly see your child:
Name Phone Number

Part 4: Medical Insurance Information

Does your child have medical insurance? Medicaid _____ Private _____

If private, what is the name of your insurance provider? _____

Does your child receive any disability payments? Yes _____ No _____

Part 5: Family Information

Please list all family members who live in the same household with the applicant. For family members 18 and older, please use names as they appear on your driver's license. **Only immediate household members are eligible to go on Bert's Big Adventure:**

Name	Relationship	Age	Birth Date (M/D/YY)	T-Shirt Size	Weight
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____

Besides the applicant, are there any other family members residing in the same household as the child with an illness or disability? Yes _____ No _____ If yes, please explain the disability and the relationship to the child:

_____

Part 6: Past Disney Trip Information

Has your child ever visited: Walt Disney World? Yes _____ No _____ If yes, what year? _____

Disneyland? Yes _____ No _____ If yes, what year? _____

Please list all family members who have visited Walt Disney World and/or Disneyland: _____

_____

Is your child on any other list for a trip to Walt Disney World or anywhere else? Yes _____ No _____

If yes, what list and for how long have they been on the list? _____

Has your child ever received a trip from any other organization? Yes _____ No _____

If yes, what trip(s) has your child received? _____

Part 7: Specific Trip Information - IF your child were accepted…

Would you be able to attend an informational meeting about the trip in early January 2012? Yes ___ No ___

Would your family be able to travel in February 2012 (date pending)? Yes _____ No _____

Would a trip to Walt Disney World be possible without the help of Bert's Big Adventure? Yes _____ No _____

Have you submitted an application to Bert's Big Adventure before? Yes _____ No _____ Year? _____

Part 8: Release

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize B & S Foundation, Inc., also known as Bert's Big Adventure, or anyone acting on their behalf, to investigate the statements made in this application, and any references provided herein, and further authorize the release of such information without liability to B & S Foundation, Inc., its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assigns, or any person acting under their authority. **I HEREBY WAIVE, RELEASE AND DISCHARGE B & S FOUNDATION, INC., ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORES, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES.**

_____	_____
Signature of Person Completing Application	Signature of Parent or Legal Guardian
_____	_____
Print Name of Person Completing Application	Print Name of Parent of Legal Guardian
_____	_____
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)

DON'T FORGET TO:
COMPLETE THE TOP OF THE MEDICAL QUESTIONNAIRE (PAGE 6)
HAVE THE CHILD'S PHYSICIAN COMPLETE THE BOTTOM HALF OF THE MEDICAL QUESTIONNAIRE
HAVE THE PHYSICIAN FAX THE MEDICAL QUESTIONNAIRE TO BERT'S BIG ADVENTURE
FAX # 404-303-0041

PLEASE MAIL COMPLETED ORIGINAL APPLICATION TO:
BERT'S BIG ADVENTURE
APPLICATION DEPT.
PO BOX 420917
ATLANTA, GA 30342-0917

Note: This application will be considered without regard to race, color, religion, national origin, sex, disability or marital status.

Part 9: Authorization for Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Bert's Big Adventure to investigate my criminal history.

_____	_____
Print Name of Parent of Legal Guardian	Print Name of Parent of Legal Guardian
_____	_____
Race, sex and date of birth	Race, sex and date of birth
_____	_____
Signature of Parent of Legal Guardian	Signature of Parent or Legal Guardian
_____	_____
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)

BERT'S BIG ADVENTURE MEDICAL QUESTIONNAIRE

TO BE FILLED OUT BY THE CHILD'S PARENT/LEGAL GUARDIAN:

Name of child applying for Bert's Big Adventure: _____

Name of parent/legal guardian: _____

Home Phone: _____ Cell: _____ Work Phone: _____

I CONSENT TO THE RELEASE OF MEDICAL INFORMATION TO BERT'S BIG ADVENTURE, UNDERSTANDING THAT BERT'S BIG ADVENTURE WILL RESPECT THE CONFIDENTIAL NATURE OF THE INFORMATION GIVEN BY MY CHILD'S PHYSICIAN, _____.
Physician's Name

_____
Signature of Parent/Legal Guardian

TO BE FILLED OUT BY THE CHILD'S PHYSICIAN:

What is Bert's Big Adventure? Bert's Big Adventure is a registered tax-exempt 501(c)(3) non-profit organization that takes children who are chronically or terminally ill to Walt Disney World for 5 days with their families. Applicants must be between the ages of 5 and 12, live in The Bert Show listening area (99.7 FM) and has never been to Walt Disney World.

PHYSICIAN: Your patient has applied for this trip. Please answer the following questions and fax this form to Bert's Big Adventure. **FAX # 404-303-0041**

1. What is this child's primary diagnosis? _____

2. This is a: serious chronic illness _____ terminal illness _____ birth defect _____

impairment due to an injury or accident _____ Other (specify) _____

3. To the best of your knowledge, have they received any other special trips? Yes _____ No _____

4. Is it safe for this child to participate in a five-day trip to Walt Disney World? Yes _____ No _____

5. Is it likely this child will be able to comprehend and enjoy this trip? Yes _____ No _____

6. Will a trip in February 2012 (dates pending) interfere with medical treatment? Yes ____ No _____

7. Is this child able to travel by airplane? Yes _____ No _____

8. Please indicate any additional concerns or restrictions on a separate sheet of paper.

_____ _____
Signature of Physician Date

PLEASE FAX TO BERT'S BIG ADVENTURE
404-303-0041