



## **Are You A Superstar Child?**

### **Who is Eligible?**

- ❖ Any child who is suffering from a chronic illness, who is between the ages of one and twenty-one.
- ❖ Condition is ongoing
- ❖ Child must be actively receiving medical treatment

### **Please return the attached forms along with:**

- ❖ A photo of the child
- ❖ A doctor's note

*Please return all forms to **The Ashley Wade Foundation***

P. O Box 719  
Massapequa Park, NY 11762

[superstars@ashleywadefoundation.org](mailto:superstars@ashleywadefoundation.org)

## Child's Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address:

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

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Favorite Color: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Favorite TV Show: \_\_\_\_\_ Pajama Size: \_\_\_\_\_

Favorite Character: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite Sports Team: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Facebook Page \_\_\_\_\_

### **Guardian's Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: (cell) \_\_\_\_\_

(home) \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Sibling's Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

## Photo Release Form

I hereby authorize The Ashley Wade Foundation to publish photographs taken of me, and my name for use in The Ashley Wade Foundation's print, online, and video-based marketing materials, as well as other publications.

I hereby release and hold harmless The Ashley Wade Foundation from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with me taking or publication of these photographs or participation in The Ashley Wade Foundation's marketing materials or publication. I acknowledge and agree that the publication of photos confers no rights of ownership or royalties whatsoever.

I hereby release The Ashley Wade Foundation, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

### **Authorization**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If signing for a child under 18 years of age...

Minor \_\_\_\_\_ Relationship \_\_\_\_\_