

The dream of the children of Africa!

Dream Application Form



Maüa is a volunteer association that was created in 2014, and officially registered in 2016. Maüa takes children or adolescents who suffer from rare diseases affecting their health in Africa, realize their most precious dream. Maüa is a serious association; its uniqueness lies in the quality. All costs of the dream realization are supported by the association.

To begin, rest assured that the Maüa association and its team of volunteers wishes that your child gets a unique experience and positive as possible. However, we must not forget that we all have the responsibility to protect and care for your child during the realization of his/her dream. We need to have a certain amount of information so that everything happens in the best conditions.

If you want your child to realize his dream, we ask you to complete the following form to help us better understand him/her:

Thank you to fill the form and print

If you have questions, do not hesitate to contact us, we will be happy to respond.

Full name of the child who will fulfill his dream	
Age years - Date of birth	- Number of brothers and sisters
Treated at the hospital	
Pathology	
Liability Insurance Company	Contrat n°

Tell us your most beautiful dream...

Your Dream?

Think carefully about the dreams you have at heart and tell them.

Your dream No. 1 is the one that is most important to you and Maüa will do everything possible so that it becomes a reality.

However, if this was not possible Maüa realizes the dream No. 2 or No. 3, we will talk together.

Your dream n° 1 ?

Your dream n° 2 ?

Your dream n° 3 ?

My dad	My mother
Full Name Address Do you have parental authority? YES NO 📞 home 📞 office 📞 mobile ✉️ email Date of birth Profession	Full Name Address Do you have parental authority? YES NO 📞 home 📞 office 📞 mobile ✉️ email Date of birth Profession

In accordance with our rules, only one parent can accompany the child

Person accompanying the child : father mother

Does your child need to be assisted to move?	Yes	No
Does your child use or require special equipment?	Yes	No
If so, thank you to describe also their use		
We parents agree that the pictures of the dream of our children appear in the newspaper or on the Internet:		
Maüa website www.maua-asc.org , facebook group, ...	Yes	No

We ask you to return this form along with a medical certificate stating the pathology, monitoring and the state of the child. Thank you to ask your doctor to kindly specify on the certificate that the treatment has no side-effect with the dream of your child.

Note: when moving to the dream and during the day or evening, treatment monitoring and taking medication are entirely the responsibilities of the person accompanying the child. Members of the Maüa Association decline any liability and will under no circumstances be held liable for any failure to follow treatment during the stay.

Similarly, specific diets not related to the disease are not supported by Maüa and are at a responsibility of the accompanying parent.

Incomplete files and notably without including medical certificate will not be considered

Dream request done in

Date

Parents' signature

REGULATION OF A DREAM WITH MAÜA

Maüa is to achieving the dreams of seriously ill children in Africa

- 1) Dreams "material things" are not made by Maüa
- 2) The child who realizes his dream is accompanied by a parent and a volunteer member of the Maüa Association.
- 3) It is requested a medical certificate indicating that there is no indication against-between the state of health and the dream.
- 4) The parent and child agree to have good behavior during the course of the dream.
- 5) The costs arising from the implementation of children's dreams are fully supported by the Association. It remains to the responsibility of the family expenses related to (photos, souvenirs, personal telephone calls, internet access, etc ...)
- 6) The Association reserves the right to refuse a dream that is not reasonably possible.
- 7) The realization of the dream program is established exclusively by the Association. Only Association representatives are empowered to amend this program.
- 8) The Association disclaims any liability for cancellation of the dream.
- 9) The possible cancellation of the dream cannot give in any case compensation from the Association.
- 10) The Association reserves the right to claim compensation for any loss suffered during the dream.

Sworn Statement

To whom it May concern

We the undersigned parent(s) or guardian(s) of

(Delete as appropriate)

(First and last name of child)

Confirm having read and understood "REGULATION OF A DREAM WITH MAÛA " and have responded to our best knowledge to date about our child.

We attach to this form a medical certificate dated within 3 months of the doctor who follows our child and accurate pathology, the current state of our child and stipulates that the child can still realize his dream with the Maüa Association.

First name

Surname

Date :

Signature (Parent or guardian)

Preceded by the handwritten words "read and approved" :

First name

Surname

Date :

Signature (Parent or guardian)

Preceded by the handwritten words "read and approved" :