

## Family Application

Date: \_\_\_\_\_

### Family Contact Information

Parent/Guardian: \_\_\_\_\_ Family Role: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Family Role: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to join our mailing list?  yes  no

**Rest Assured Attendees** *List all the children in your family that will be attending Rest Assured events.*

Name:	Date of Birth:	Male/Female:

### Emergency Contact *(if parents/guardians are unavailable)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Disability Information

*Only fill out the following section for your child/children **with a disability**.*

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

How my disability affects me: \_\_\_\_\_

\_\_\_\_\_

Allergies or food restrictions: \_\_\_\_\_

\_\_\_\_\_

Mobility or adaptive equipment: \_\_\_\_\_

Special toileting instructions: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Disability Information**

Only fill out the following section for your child/children **with a disability**.

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

How my disability affects me: \_\_\_\_\_  
\_\_\_\_\_

Allergies or food restrictions: \_\_\_\_\_  
\_\_\_\_\_

Mobility or adaptive equipment: \_\_\_\_\_

Special toileting instructions: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the Rest Assured Program?** (Check all that apply)

Website  Flyer  Friend  Newsletter  Previous Rest Assured participant  Other: \_\_\_\_\_

**Permission/Authorization Agreement:** Please read the following statements carefully and sign indicating that you have read, understand, and agree to the provisions.

- I have fully disclosed to Joni and Friends all pertinent facts about my child’s special needs and accept full responsibility for missing information. I release Joni and Friends, its employees, volunteers, and the event facility from all actions, damages, or personal injuries which may occur to a member of my family. Should an emergency occur at a Joni and Friends’ event, I give my authorization and consent for the staff to authorize necessary medical care for my child/children as provided upon the advice and supervision by a physician, surgeon, or other medical practitioner licensed to practice in the United States.
- I give my consent that photographs, interviews, and audio/video recordings during the course of the Rest Assured respite care event may be used by Joni and Friends for training, promotion, and fundraising.

I have read the above permission/authorization statements and agree to the terms designated in each.

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

**There are several methods for returning this application:**

- Email [centralcal@joniandfriends.org](mailto:centralcal@joniandfriends.org)
- Drop off or mail: Joni and Friends Central California  
1300 E. Shaw, Suite 135  
Fresno, Ca 93710

\*Families will be accepted on a “first come-first serve” basis. If you have any questions about Rest Assured, please contact Joni and Friends Central California at (559) 227-5664 or email [centralcal@joniandfriends.org](mailto:centralcal@joniandfriends.org)