

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
- 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