ROUTE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PICK UP TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A close up of a sign

Description automatically generated**

BUS CAPTAIN INFORMATION:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VAN RIDER PERMISSION FORM**

# The Pentecostals of Hayward

# 25580 Campus Drive, Hayward, CA 94542

# (510) 733 – 0443

# A close up of a sign Description automatically generated[www.pohchurch.org](http://www.pohchurch.org)

I understand that my child(ren), listed below, will be attending the children’s church services at The Pentecostals of Hayward. I also understand that he/she will be encouraged to further their relation ship with Jesus Christ and His Word (the Bible) through study, prayer, worship, and baptism. The Pentecostals of Hayward will contact and meet with me if my child(ren) shows an interest in being baptized to give verbal and written consent.

Pictures and videos of special events and services may be taken for media publishing and advertisements. By signing below, you are giving us permission to do so unless otherwise noted.

**Names of Child(ren)** **Age** **Birthday** **Allergies**

**Address of Family:**

STREET:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED, INCLUDING ACTIVITES AND SUBSEQUENT THERE TO.

I do hereby agree to hold The Pentecostals of Hayward and it’s workers and employees, harmless from any and all liability, actions, causes of actions, claims, expense and damages on account of injury to my child or property, even injury resulting in death, which I have now or which may arise in the future in connection with the church or participation in any associated activities.

I HAVE CAREFULLY READ AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT.

Parent/Legal Guardian (PR INT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian (SIGN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***\*\*CHILDREN ARE NOT ALLOWED TO BE RIDE WITHOUT A COMPLETE PERMISSION SLIP FORM.***

***THIS FORM IS VALID FOR ONE CALENDAR YEAR FORM THE DATE NOTED ABOVE\*\****