

# Transport Registration Information

## Rider Information

(If you have more than one child with the same contact/info you may use the reverse side but be sure to please put their Name, DOB, Age/Grade)

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

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

Birth Date \_\_\_\_\_

Age/Grade \_\_\_\_\_

Guardian Name \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_, FL \_\_\_\_\_

Phone# \_\_\_\_\_ Other contact phone# \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

## Permission Slip

I give my permission for \_\_\_\_\_ (child's name) to be transported by the FIRST BAPTIST CHURCH OF WEBSTER Bus Ministry. In the event of an emergency, someone from the church will contact me at the phone number I have provided in the information area of this form.

In the event that I cannot be contacted at the number I have provided, the person/s in charge from FIRST BAPTIST CHURCH OF WEBSTER have my permission to seek medical attention for my child at the nearest medical facility to their location at the time of the emergency. I understand that I am responsible for all medical expenses concerning my child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_\_\_.

Signature \_\_\_\_\_

Parent/Legal Guardian

Witness \_\_\_\_\_

(Driver or Assistant)

Child(ren) will be attending (circle all that apply):

