

EFree Kids Registration
Club Year: 2024-2025
 319-524-1090

Keokuk E. Free Church
 2315 S. 7th St.
 Keokuk, IA 52632

Please Print

Child's Name (first and last)	Nickname	Grade	Gender	Birthday	Allergies/special needs?

Parent/Guardian

Name: _____ Cell Phone: _____ Email: _____

Name: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Church: _____

Other phone (if applicable): _____

Emergency name and phone number during club time (if parents can't be reached):

Name: _____ Phone: _____ Relationship: _____

Who will (typically) be picking up these children from club? _____

If different from above:

Phone: _____ Relationship: _____

Email: _____

Persons (other than parents) authorized to pick up the children: _____

Terms and Conditions

1. I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability. Evangelical Free Church and any person involved in the Wednesday night ministry.

2. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

3. I grant permission for a photo of my child to appear in an unpublished club directory to be used by leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

YES NO

I have read and agree to the Terms and Conditions stated above.

 Signature of Parent/Guardian Date