EFree Kids Registration Club Year: 2024-2025

319-524-1090

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

Please Print

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: Relationship: Email: Relationship:	r lease r mit					
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: City: State: Zip: Home Church: Other phone (if applicable): Phone: Relationship: Mame: Phone (if applicable): Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: It different from above: Phone: Relationship: 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 hamnless from any legal liability. Evangelical Free Church and any person involved in the Wednesday might 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 I grant permission for a photo of my child to appear in an unpublished club directory to be used by leaders only.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.	Child's Name (first and last)	Nickname	Grade	Gender	Birthday	Allergies/special needs?
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.						
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: City: State: Zip: Home Church: Other phone (if applicable): Phone: Relationship: Mame: Phone (if applicable): Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: It different from above: Phone: Relationship: 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 hamnless from any legal liability. Evangelical Free Church and any person involved in the Wednesday might 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.						
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: City: State: Zip: Home Church: Other phone (if applicable): Phone: Relationship: Home Church: Other phone (if applicable): Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: If different from above: Phone: Relationship: Persons (other than parents) authorized to pick up the children: Persons (other than parents) authorized to pick up the children: Items 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.						
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: City: State: Zip: Home Church: Other phone (if applicable): Phone: Relationship: Home Church: Other phone (if applicable): Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: If different from above: Phone: Relationship: Persons (other than parents) authorized to pick up the children: Persons (other than parents) authorized to pick up the children: Items 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.						
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: City: State: Zip: Home Church: Other phone (if applicable): Phone: Relationship: Home Church: Other phone (if applicable): Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: If different from above: Phone: Relationship: Persons (other than parents) authorized to pick up the children: Persons (other than parents) authorized to pick up the children: Items 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.						
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: City: State: Zip: Home Church: Other phone (if applicable): Phone: Relationship: Mame: Phone (if applicable): Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: It different from above: Phone: Relationship: 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 hamnless from any legal liability. Evangelical Free Church and any person involved in the Wednesday might 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.		I				
Name: Cell Phone: Email: Address: City: State: Zip: Home Church: Other phone (if applicable): Remained the control of a policable of a polic	Parent/Guardian					
Address: City: State: Zip: Home Church: Other phone (if applicable): Relationship: Cother phone (if applicable): Relationship: Phone: Relationship: Mame: Phone: Relationship: Relationship: Phone: Phone: Relationship: Phone: Phone: Relationship: Phone: Ph	Name:	Cell Phone:		Em	ail:	
State: Zip:	Name:	Cell Phone:	Email:			
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 well being. I assume responsibility for all costs connected to any accident or treatment 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. I have read and agree to the Terms and Conditions stated above.	Address:	City	/:			
Emergency name and phone number during club time (if parents can't be reached): Name:	State: Zip:					
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: 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.	Home Church:					
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.	Other phone (if applicable):		_			
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.						
Who will (typically) be picking up these children from club?	Emergency name and phone number	er during club time (if par	rents can't	be reache	d):	
Who will (typically) be picking up these children from club?	Name:	Phone:			Relat	ionship:
Phone:	Who will (typically) be picking up	these children from club	?			
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.	If different from above:					
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.	Phone:	Relationship:				
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.	Email:					
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.			en:		 	
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.	Terms and Conditions					
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. I have read and agree to the Terms and Conditions stated above.	Time. As with any physical activity, there is	a risk of injury. I fully accept t	his risk and l	nold harmles	s from	
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. I have read and agree to the Terms and Conditions stated above.	understand every effort will be made to con reached, I give my permission to the volunt provide the care necessary for my child's w	tact me or my emergency conta eers to secure the services of a l	ct. However, licensed phys	if I/we cann sician to	ot be	
	leaders only. I also give permission for photo	to(s) of my child to appear amor	ub directory ng other gene	to be used by eral club pho	tos as	YES □NO
Signature of Parent/Guardian Date	I have read and agree to the Terms and Con	ditions stated above.				
	Signature of Parent/Guardian		 Date			