AWANA Club Registration Club Year: 2020-2021

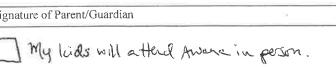
319-524-1090

Please Print

Keokuk E. Free Awana Club 2315 So. 7Th St. Keokuk, IA 52632

Parent/Guardian		Numt	<u>oer</u>	Contact Person
Name(s):		Cell Phone:		
Address:		Cell Phone:		
City:	State:Zip:	E-Mail:		
Home Church:		Optional Phone:		
Emergency Contact an	d number during club time (if parents	cannot be reached.)		
Persons (other than par	rents) authorized to pick up the childre	en		
Cubbies Age (3-preK) <u>Clubber's First and Last Name</u>	Nickname Birth Date	e Gender Needs	:: Book Uniform (size)
Sparks Grade (K-2)	Clubber's First and Last Name	Nickname Birth Dat	e Gender Need	ls: Book Uniform (size)
T&T Grade (3-5)		name Birth Date Gender	_	Essential Book Uniform or or
Clubber	Special Needs	Allergies	Foods to Avo	id
Parent/Guardian: Lam	interested in helping: Weekly	Every other week	Monthly Fo	r Special Events
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 leagal liability. Evangelical Free Church and any person involved in the Awana Club ministry.				d Fees: Cubbies & Sparks bk (HB): \$12.00 :: \$13.00
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 AWANA volunetters to secure the serviced of a liscended physician to provide the care necessary for my child's well being. I assume responsiblity for all costs connected to any accident or treatment of my child.				: \$13.00 I Fees: T&T HB: \$12.00 Is HB: \$6.00 :: \$15.00 ship needed
3. I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my childe to appear among other general club photos as long as there is no identifying information shown.				
	the Terms and Conditions stated above.		Amount Date Pa	id
Signature of Parent/Guard	lian	Date	Paid by	check cash





My kids will postigete at home