

**Northview Church Awana Registration  
Sparks  
2011-2012  
(Grades K-2)**

Child's Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Birthday (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address and zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Please use this email address to remind me about Awana events.
- Please use my mailing address to remind me about Awana events.

Allergies or medical conditions: \_\_\_\_\_

	Price	Quantity	Total
Dues: 1 <sup>st</sup> Semester	\$15.00		
Dues: 2 <sup>nd</sup> Semester	\$15.00		
Dues: Full year	\$25.00		
Sparks Vest - circle size S (6), M (8), L (10), XL (12), XXL (14), XXXL (16)	\$11.00		
Sparks Handbook (NIV or NKJV) – circle one HangGlider (1 <sup>st</sup> book) - \$11.00 WingRunner (2 <sup>nd</sup> book) - \$11.00 SkyStormer (3 <sup>rd</sup> book) - \$11.00	\$11.00		
Music CD for Handbooks (optional)	\$10.00		
Sparks Handbook Bag (optional)	\$5.00		
		<b>Total</b>	

Note: Dues can be paid in increments throughout the year if that is helpful for your family.

**Medical Release Form**

To whom it may concern,

\_\_\_\_\_ (child's name) has my permission to attend the Northview Church Awana program meeting at the Briargate YMCA on Sunday evenings. If my child requires medical attention, I am notified first at this phone number \_\_\_\_\_. If I cannot be reached, this authorization gives Awana club leaders permission to seek any necessary medical aid. The signature below releases Northview Church and the Briargate YMCA from any treatment cost or liability.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Person to be contacted if I cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_