



**Northview Church Awana Registration  
Cubbies - 2016-2017  
(Ages 3-4)**

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

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.

Church: (if applicable) \_\_\_\_\_

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

I give my permission to Northview to use my child's photo in promotional materials.

	Price	Total
Registration Fee: <i>(covers awards and other expenses)</i>	\$20.00	
Cubbies Vest - circle size Size: S (4), M (5), L (6), XL (8), XXL (10)	\$12.00	
Handbook (CD included)	\$11.00	
Cubbies Handbook Bag <i>(optional)</i>	\$7.00	
<b>Total:</b>		

Note: These items can be paid for in increments throughout the year if that is helpful for your family.  
Scholarships can be requested by emailing: [awana@northviewchurch.org](mailto:awana@northviewchurch.org)

**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: \_\_\_\_\_