



NCS Use Only
 Date recd. ____
 Pmt type ____
 Amount ____
 Recorded ____

AAA Clubs - Registration Form for 6th - 8th Grades

Session 1: **August 28 – December 8 (class ending dates will vary)**

Payment must accompany form. There are NO refunds after the first week.

Registration Due Date: Wednesday August 23rd, 2017

Student Name _____ **Grade** _____ **Parent Name** _____

Contact Numbers: Home _____ Work _____ Cell _____

Emergency Contact _____ Emergency Contact Phone _____

Parent Email(s) _____

Class Name & # of Sessions **Cost** **End Date** **Times** **Grades** **Facilitator** **Room**

MONDAYS – NO CLASSES ON 9/4 AND 10/9

___ Film Class (10 classes) \$100 11/13 3:15 – 4:30 PM 6-8 Mr. Diaz 120

WEDNESDAYS – NO CLASSES ON 10/11 AND 11/22

___ Crusader Chess Club (13 classes) \$172 12/6 3:15 - 4:30 PM 6-8 Chess Emporium 308

THURSDAYS – NO CLASSES ON 10/5, 10/12, AND 11/23

___ Christian Warriors (12 classes) \$146 12/7 3:15 - 4:30 PM 6-8 John Fagan Cook Center

___ Contemporary/Jazz Dance (12 classes) \$180 12/7 4:15 - 5:15 PM 6-8 Keely Gilbreath Cook Center

***Several classes have minimum number requirements which must be met.
 See the Class Descriptions for specific details.**

*Submit application and payment to NCS Front Desk to register for a Class.
 Please make the payment to NCS (Northwest Christian School)*



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Club T-Shirt Size: (Circle one) Child S (6-8) Child M (10-12) Child L (14-16) Adult S Adult M Adult L

With registration your child will be provided one free AAA shirt each year. We apologize but t-shirts may not be exchanged for another size once they have been ordered. Late registrations after the closing date may not receive a t-shirt.

Consent: I hereby authorize Northwest Christian School in the city of Phoenix, Arizona to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and health care necessitated by injury or illness while the above named child is attending an after school club. Such treatment is to be rendered to the minor under the general or special surgeon licensed to practice in the State of Arizona. I hereby waive and release NCS Clubs from any and all liability for injuries or illness incurred while at an after school club. I certify that I fully understand this authorization.

Parent Signature _____ **Date** _____

Insurance Company _____ **Policy Number** _____

Please email John Fagan at asap@ncsaz.org with any questions.

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