



One form per Registrant  
Please print legibly

Guy's name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street address and Apt #)

\_\_\_\_\_ (City and postal code)

Birthday Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

School attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Church attended: \_\_\_\_\_

Parent name: \_\_\_\_\_ Spouse name: \_\_\_\_\_

Parent home (\_\_\_\_\_) \_\_\_\_\_ Spouse home (\_\_\_\_\_) \_\_\_\_\_

Parent work (\_\_\_\_\_) \_\_\_\_\_ Spouse work (\_\_\_\_\_) \_\_\_\_\_

Parent cell (\_\_\_\_\_) \_\_\_\_\_ Spouse cell (\_\_\_\_\_) \_\_\_\_\_

Parent email \_\_\_\_\_ Spouse email \_\_\_\_\_

If appropriate, use an \* to indicate Guy's primary residence phone

**Please CIRCLE one program level and corresponding shirt size and book if required**  
**\*Builders and Sentinels –one shirt for both levels (recommend a bigger size to last 4 years)**

**select program (by school grade) To order a shirt, select the size book**

Tree Climbers grades SK - 2	\$ 12.00 size S M L ,	\$ 15.00 Men's - L XL
Builders grades 3 & 4	\$ 35.00 Small Medium Large	Book \$ 10.00
Sentinel grades 5 & 6	\$ 35.00 Small Medium Large	Book \$ 10.00
Battalion grades 7 - 12	\$ 40.00 Small Medium Large	Book \$ 20.00

Registration \$ \_\_\_\_\_ (\$45-first child; \$40-second; \$35-third) family max \$120.

Shirt \$ \_\_\_\_\_

Book \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Payable to Metropolitan Bible Church -CSB

Paid \$ \_\_\_\_\_ cash / cheque # \_\_\_\_\_

Balance \$ \_\_\_\_\_

Office use only

	Ordered	Recd/Delvd
Shirt		
Book		

**CSB MEDICAL/RELEASE FORM**

DESCRIBE ANY MEDICAL CONDITION:

(allergies, epi-pen; activity restrictions, asthma inhaler, dietary restrictions)

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**MEDICAL RELEASE:** In the event of illness or an accident while at the Christian Service Brigade club meeting, it may be necessary to take a child to a medical facility for treatment. Every effort will be made to reach the parents at the above numbers. Should it not be possible to obtain by, your signature below, we authorize an Christian Service Brigade leader to act on our behalf to obtain medical treatment as may be required.

The information provided on this form may be stored on secure computer servers in a physically secure location in the U.S. operated by Fellowship Technologies L.P. It will be encrypted on such computer servers and protected from access by unauthorized persons, and may be required to be disclosed to the U.S. government or its agencies under applicable laws or lawful orders.

By completing this form I give permission for The MET to keep this information for ministry purposes. It will not be given to any outside source.

I/We wish to receive email information regarding activities, campouts and events that form part of the Christian Service Brigade Program. I understand that I can unsubscribe at any time.

Print \_\_\_\_\_  
Parent or Legal Guardian

Signed \_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Complete other side as well.