Mountain View Seventh-Day Adventist Church "Mountaineers MGO Club" Registration Form



Name			*DOB	(mm/dd/yy) *	Age
Uniform T-Shirt Size:	xss	M	LXL	Other	
Health Information:					
Health Care Number: _					
Family Physician's Nam					
Office Address				Phone ()
Please list all allergies c	or other issues	we have to	o be aware of. I	nclude also any medica	tion needed.
Participant Information	ո։				
Address			City	Province	Postal Code
*Cell Phone ()		Home P	hone ()	
*Email Address					
*Emergency contacts (f	riend or relat	ive), please	e provide two co	ontacts	
 Name			Cell Phone		Relationship to Child
 Name			Cell Phone		Relationship to Child
				chool (if applicable)	
·	venturer befo	re, please o	check the levels	in which you have bee er Helping HandN	
Participant Commitme	nt:				
I,Name of Particip		want to joi	n the MOUNTA	IN VIEW SDA MOUNTA	INEERS MGO CLUB
I will attend meetings,	activities, fiel	d trips, and	other club acti	vities. I will wear my M	GO uniform and obey club
guidelines. I agree to be	e guided by th	e rules of t	he club.		
				Signature of M	aster Guide in Training
Parent/Guardian Information Parent(s)/Guardian(s) N	• •	•			
					Postal Code
*Email Address					
					For Internal Use Only
REGISTRATION FEE:	_	_			Treasurer Signature:
\$75.00 for MIT and \$2	5.00 for inves	ted MG Pa	vable due on S	eptember 22, 2023.	

Name		
Photo Consent:		
I hereby give permission for me or my o		
Club (Calgary SDA, Alberta Conference).	•	
may be used by other conference clubs	at other events. This may take form of	a poster, powerpoint presentation,
album, SDA publications, etc.		
Name of Participant	Signature of Participant	Date
or Parent/Guardian (if under 18)	or Parent/Guardian (if under 18)	
If you have a police check done and it is	·	d please send us one copy by email
to: masterguidedirector@mountainview	vauventist.ca	