

THX REGISTRATION FORM

October 14, 2017

Martin Middle School

1701 Ridge Road

Raleigh, NC 27607

Last Name: _____ First Name: _____

School: _____ Grade _____

Voice Part: (Circle One) Tenor 1 Tenor 2 Bari Bass

T-Shirt Size: (Circle One) XS S M L XL XXL XXXL

E-Mail: _____

Cell Phone: _____ Parent/Guardian Names: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Insurance Coverage: I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I request that _____ (student) be allowed to participate in the event known as the THX, and specifically consent to the student's participation. In the event of an accident or medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

Home address: _____

Emergency contact name and phone # : _____

Name of insurance company: _____

Policy #: _____ Group #: _____

By signing this consent form, I certify that I have read and understand the information above and that any information I have provided is accurate and complete to the best of my knowledge.

Parent/Guardian: _____ Date: _____

Please return this form by October 1, 2017, to Bob Stewart, 16 Alexis Ct., Durham, NC 27703 or scan a copy to Bob at garaqeman47@yahoo.com.