



THX REGISTRATION FORM



Saturday, October 13, 2018
Martin Middle School
1701 Ridge Road, Raleigh, NC 27607

Last Name: _____ **First Name:** _____

School: _____ **Grade:** _____

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

T-Shirt Size: (Circle One) Youth L Youth XL S M L XL 2XL 3XL

EMail: _____ **Student 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: _____

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, 2018, to Gary Thorn, 153 Southern Acres Drive, Fuquay-Varina, NC 27526 or scan and email a copy to Gary at gthorn228@Bellsouth.net.