



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

E-Mail: _____ 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.