



FALL SEMESTER, 2017
REGISTRATION & PERMISSION FORM
PLEASE PRINT CLEARLY!

NAME: _____ GRADE _____

ADDRESS: _____

PHONE # (_____) _____

CAN YOU RECEIVE TEXT MESSAGES? Circle: YES / NO

Email: _____

OTHER D-B ACTIVITIES, SPORTS, CLUBS, ETC ARE YOU INVOLVED?

T-SHIRT SIZE _____

PARENTAL PERMISSION IS REQUIRED BEFORE A STUDENT IS
ALLOWED ON WCSK RADIO:

I have read "WCSK RULES AND GUIDELINES" and hereby agree to **obey ALL RULES** and will do my best to represent WCSK-FM Radio and Kingsport City Schools in a professional manner!

(Student Signature) _____ (date) _____

(Parent Signature) _____ (date) _____