



# NMX Trip Contact Form

## Participant Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, NM. Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_ - \_\_\_\_ Cell Phone: ( ) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Parent /Guardian Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, NM. Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_ - \_\_\_\_ Cell Phone: ( ) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

## Physician Information

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

## Authorized Sign-Out Personnel

In case I cannot be present, the following people have my permission to sign out and/or pick up my child from the NMX Trip at the scheduled time of return. A picture ID must be shown to the NMX employee in charge of said trip.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NMX Representative: \_\_\_\_\_ Date: \_\_\_\_\_