

1. PERSONAL INFORMATION:

Name:	Phone:
Address:	Email:
City, State, Zip:	Date of Birth:

2. EMERGENCY CONTACT (person – local recommended - able to make medical decisions for you):

Name:	Phone:
Address:	Email:
City, State, Zip:	Relationship to you:

3. PHYSICIAN INFORMATION:

Primary Care Physician:	Phone:
Address:	
City, State, Zip:	

4. INSURANCE INFORMATION (current medical insurance required to race with OMRRA & WMRRA):

Insurance Company:	Phone:
Address:	Policy number:
City, State, Zip:	Do you have Life Flight?

*Check your policy carefully to make sure injuries sustained while motorcycle racing are covered. Don't gamble with your financial future or that of your family.

5. HEALTH INFORMATION:

Blood type:			List recent surgeries, illnesses, head injury, or other medical conditions:	
Last tetanus shot date	:			
Medication allergies:	Yes	No	In emergency, I authorize the use of blood products: Yes No	
If yes, list allergies:			Contacts: Dentures: Diabetic: Epileptic: Heart Condition:	
Organ Donor?	Yes	No	Do you have an Advance Health Care Directive? Yes No	

6. CONSENT AND AUTHORIZATION (for medical, hospital and/or dental services):

The undersigned, on behalf of himself, or minor if applicable, hereby authorizes and consents to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered under the general or special supervision and upon advice of a physician and surgeon licensed in the State of Oregon, Washington, or California where applicable, and does also hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered by a licensed dentist in the State of Oregon, Washington, or California where applicable. I hereby confirm consent, and agree to the foregoing.

Date

____ Signature of Applicant

Signature of Parent or

Signature of Witness

Carry one copy of this form in your leathers at all times while at the racetrack. Additionally, OMRRA and WMRRA require a copy on file with Registration when racing at their club.

Guardian Date

Date

(required if applicant is under 18 years of age)