

SOUTHERN TRACK DAYS

v.2, as of 11/11/2016

Rider Medical Information Form

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Full Name: _____

Bike (Make, Model, Color): _____

Address: _____

Date of Birth: _____

EMERGENCY CONTACT

Name: _____

Relation: _____ Phone Number: _____

MEDICAL HISTORY

Allergies?: _____

Medications?: _____

Conditions?: _____

Other Information?: _____

DNR and/or Organ Donor?: _____

I authorize the owners and staff of Southern Track Days to distribute this information to medical professionals, in case of an emergency, as they see fit.

Signature

Date

* Please note, to preserve privacy, this form will be destroyed following the completion of the track event.

**** There will be no refunds or carryovers due to mechanical failure or crashing.**

Southern Track Days