

Track Event Registration Form

Name: _____

Address: _____

City: _____

State / Province: _____

Zip / Postal Code: _____

Emergency Contact: _____

Relation: _____

Phone Number: _____

Family Doctor: _____

Phone Number: _____

Drivers License Number: _____

D/L Province / State: _____

Phone Number: _____

Email: _____

Car Model: _____

Car Year: _____

Track Experience: _____ yes no

Organization(s): _____

Tracks: _____

No. of Events Attended: _____

Medical Information:

Birth Date: _____

Blood Type: _____

Year of Tetanus Shot: _____

Prescriptions: _____

Medical Conditions: _____

Dentures: _____ yes no

Asthmatic: _____ yes no

Diabetic: _____ yes no

Epileptic: _____ yes no

Hemophiliac: _____ yes no

Hearing Impaired: _____ yes no

Hypertension: _____ yes no

Allergies: _____

醫療資料: (若有以下症狀者請註明)

出生日期: _____

血型: _____

破傷風預防針年次: _____

目前服用之醫療處方: _____

健康狀況/疾病: _____

假牙狀況: _____ yes no

氣喘/哮喘: _____ yes no

糖尿病: _____ yes no

癲癇症: _____ yes no

血友病: _____ yes no

重聽: _____ yes no

高血壓: _____ yes no

過敏狀況: _____

*The above information is critical to your medical treatment should you be injured. Please complete it carefully. If you are unsure regarding some issues, consult your doctor.

I confirm the above information to be accurate and do not hold the event organizers liable for any incorrect information that I have provided above.

Date: _____

Signature: _____