

# 2009/2010 CMAC MEDICAL RECORD AND RELEASE

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Local Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Local Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Racer's Blood Type \_\_\_\_\_

Insurance Company \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Policy # \_\_\_\_\_

Any Allergies \_\_\_\_\_

Any Drug Reactions \_\_\_\_\_

Regular Medications Being Taken \_\_\_\_\_

**It is understood that every effort will be made to contact the following designated person:**

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

**I, the parent/guardian (if racer is under 18), or I the racer, give the directors and/or coaches of Crystal Mountain Alpine Club, Crystal Mountain, Snoqualmie Pass, and/or Mt. Hood/Timberline permission to obtain medical aid for myself/my son/daughter in case of injury or illness.**

**If medical attention becomes necessary, the above information is, to the best of my knowledge, true and correct.**

\_\_\_\_\_  
Signature Parent/Guardian (if racer under 18)

\_\_\_\_\_  
Date