2010/2011 CASCADE WINTER SPORTS CLUB

MEDICAL RECORD AND RELEASE

Participant Name _____ **Birth Date**_____ **Sex** _____
Participant Name _____ **Birth Date**_____ **Sex** _____
Participant Name _____ **Birth Date**_____ **Sex** _____
Local Phone # (_____)_____ **Cell Phone #** (_____)_____
Local Street Address _____**City** _____**State** _____**Zip** _____

Mother's Full Name _____ **Home #** (____)_____ **Work #** (____)_____
Father's Full Name _____ **Home #** (____)_____ **Work #** (____)_____
Family Physician _____ **Phone #** (____)_____ **Racer's Blood Type** *(if known*) _____
Insurance Company _____ **Phone #** (____)_____**Policy #** _____**ID #** _____

ARE YOU SUBJECT TO OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS? (✓ check all that apply)

_____ Fainting spells or dizziness
_____ Frequent headaches
_____ Frequent sore throat
_____ Frequent nose bleeds
_____ Operations
_____ Broken bones or dislocations
_____ Allergies
_____ Drug reaction (s) Name drug _____
_____ Chronic bronchitis, pleurisy, or other chest disease
_____ Heart trouble or rheumatic disease
_____ Stomach or bowel trouble
_____ Diabetes or kidney trouble
_____ Eye trouble, ear trouble or deafness
_____ Other conditions not listed above

Any other condition requiring:
_____ Regular medication Name condition _____ Name medication _____
_____ Restriction of activities Name activity restriction _____

*******If you checked any of the above items, describe fully (use separate sheet of paper if needed)

I the parent/guardian (if racer is under 18), or I the racer, give the directors and/or coaches of Cascade Winter Sports Club and Tollefson Coaching, permission to obtain medical aid for myself/my son/daughter in case of injury or illness and medical attention becomes necessary. It is understood that every effort will be made to contact the following designated person:
Name _____ **Phone #** (____)_____ **Relationship**_____
Address _____

If medical attention becomes necessary, the above information is, to the best of my knowledge, true and correct.
Signed _____ **Date** _____ **Signed** _____ **Age** ____ **Date** _____
Parent/guardian *(if racer is under 18)* Racer

IN CASE OF EMERGENCY, if the designated person (above) cannot be reached, please notify:
Name _____ **Phone #** (____)_____**Relationship** _____

CASCADE WINTER SPORTS CLUB
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