



## Medical Release Form

**(\*\* Please fill out and put in a business size envelope with your name on it and turn in at registration \*\*)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cellphone: \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

### MEDICAL DATA:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Blood Type \_\_\_\_\_

Medical Problem	Medication	Dosage	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ARE YOU ALLERGIC TO ANY FOODS, PRODUCTS, INSECTS, ANIMALS OR ENVIRONMENTAL SUBSTANCES?**

**IF YES, PLEASE**

**DETAIL:** \_\_\_\_\_  
\_\_\_\_\_

### Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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