



OFFSHORE POWERBOAT ASSOCIATION

Mail to: OPA Racing Registration, 100 Silver Ave, Kellogg, ID 83837

email: opa@oparacing.org

2021 MEMBERSHIP FORM

NAME _____ Date of Birth _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BOAT NAME: _____ POSITION: _____

Boat # _____ BOAT CLASS _____ DRIVER OF RECORD: YES NO

SOCIAL SECURITY NUMBER _____ - _____ - _____ AGE _____ Weight _____

PHONE _____ EMAIL _____

DATE OF LAST RECEIVED TETANUS SHOT _____ BLOOD TYPE: _____

CURRENT PRESCRIPTION MEDICATION(S)? _____

CURRENT OVER THE COUNTER MEDICATION(S)? _____

CURRENT SUPPLIMENT(S)/VITAMIN(S)? _____

ANY MEDICATION ALLERGIES? IF YES, PLEASE LIST _____

ANY FOOD ALLERGIES? IF YES, PLEASE LIST _____

OTHER ALLERGIES? _____

DOCTOR: NAME: _____ PHONE #: _____

MEDICAL HISTORY: _____

___ HISTORY OF SEIZURES? ___ DIABETIC If Yes, Type _____

___ TAKING STEROIDS ___ HIGH BLOOD PRESSURE Medication: _____

___ TAKING BLOOD THINNERS ___ History of Heart Problems If Yes, Type: _____

INSURANCE COMPANY: _____ POLICY# _____

Other Specifics for Personnel: _____

By listing the persons below as your Emergency Contact, you hereby give your permission to Consent for Treatment.

EMERGENCY CONTACT NAME: _____ RELATION: _____

STATE: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ RELATION: _____

STATE: _____ PHONE: _____

In consideration of promotional endeavors, I hereby assign all commercial communication, advertising and broadcast rights to OPA Racing, LLC and do declare it as my lawful agent and representative regarding such rights. I agree, that OPA Racing LLC or its assignee's, on a non-exclusive basis, may use my name and likeness, including multimedia entailing video footage, webstream, photos, merchandising, etc of myself & my racing equipment taken at any OPA Racing sanctioned event. The previously mentioned pertains to all types of OPA members (racers, crew, staff, photographers, volunteer, media, etc.)

SIGNATURE _____ Date _____

RACING MEMBER (\$150) _____ NON-RACING MEMBER (\$100) _____

OPA USE ONLY

RECEIVED BY _____ Date _____