

_____ ← **BOAT #**

BOAT NAME _____

RACER NAME: _____

BOAT Class _____ **RACER'S POSITION:** _____

BOAT Launch: _____ **HULL COLOR** _____

HULL STYLE: _____ **COCKPIT:** _____ **MOTOR STYLE:** _____

DOB _____ **WEIGHT** _____ **BLOOD TYPE:** _____ **LAST TETANUS SHOT** _____

CURRENT PRESCRIPTION MEDICATION? _____

CURRENT OVER THE COUNTER MEDICATION? _____

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

ANY MEDICATION ALLERGIES? IF YES, LIST _____

ANY FOOD ALLERGIES? IF YES, LIST _____

OTHER ALLERGIES? _____

DOCTOR: NAME: _____ **PHONE:** _____

___ **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#** _____

MEDICAL HISTORY: _____

By listing the person(s) below as your Emergency Contact, you hereby give your permission to Consent for Treatment.
EMERGENCY CONTACT

NAME: _____ **RELATION:** _____ **STATE:** _____ **PHONE:** _____

NAME: _____ **RELATION:** _____ **STATE:** _____ **PHONE:** _____

OPA USE ONLY

Race	Date	BP	Pulse	Initial	Breathalyzer	Time	Initial	Signature: Consent for Treatment

OPA Racing Classes

- Class 1
- Class 2
- Class 3
- Class 4
- Class 5
- Class 6
- Class 7
- Stock Vee
- Modified Vee
- Vee Extreme
- Super Stock
- Factory Stock
- Super Cat
- ClassONE
- Unlimited