

_____ 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: _____

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

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

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

Race	Date	BP	Pulse	Breathalyzer	Time	Signature
			<i>Initial</i>			<i>Initial</i> Consent for Treatment
Lake Ozark, MO						
Point Pleasant Beach, NJ						
Eastlake, OH						
St Clair, MI						
Michigan City, IN (Day 1)						
Michigan City, IN (Day 2)						
Ocean City, MD						
Morehead City, NC -Day 1						
Morehead City, NC -Day 2						
Fort Myers Beach, FL						
Englewood, FL (Day 1)						
Englewood, FL (Day 2)						