

\_\_\_\_\_ 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						
Ocean City, MD						
Lake Hopatcong, NJ						
Morehead City, NC						
Englewood, FL (Day 1)						
Englewood, FL (Day 2)						