

Bryce Resort Sports Education Foundation

2012/2013 BRSEF MEDICAL RECORD AND RELEASE

Participant Name _____ Birth Date _____ Sex _____

Participant Name _____ Birth Date _____ Sex _____

Local Phone # (_____) _____ Cell Phone # (_____) _____

Local Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home # (_____) _____ Work # (_____) _____

Father's Name _____ Home # (_____) _____ Work # (_____) _____

Family Physician _____ Phone # (_____) _____ Racer's Blood Type (if known) _____

Insurance Company _____ Phone # (_____) _____ Policy # _____ ID # _____

ARE YOU SUBJECT TO OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS? (check all that apply)

_____ Fainting spells or dizziness _____ Chronic bronchitis, pleurisy, or other chest disease

_____ Frequent headaches _____ Heart trouble or rheumatic disease

_____ Frequent sore throat _____ Stomach or bowel trouble

_____ Frequent nose bleeds _____ Diabetes or kidney trouble

_____ Operations _____ Eye trouble, ear trouble or deafness

_____ Broken bones or dislocations _____ Other conditions not listed above

_____ Allergies

_____ Drug reaction(s) Name drug _____

_____ Any other condition requiring:

_____ Regular medication Name condition _____ Name medication _____

_____ Restriction of activities Name activity restriction _____

***If you checked any of the above items, describe fully (use separate sheet of paper if needed)

I the parent/guardian (if racer is under 18), or I the racer, give the directors and/or coaches of Bryce Resort Sports Education Foundation and Bryce Resort, permission to obtain medical aid for myself/my son/daughter in case of injury or illness and medical attention becomes necessary. It is understood that every effort will be made to contact the following designated person:

Name _____ Phone # (_____) _____ Relationship _____

Address _____

If medical attention becomes necessary, the above information is, to the best of my knowledge, true and correct.

Signed _____ Date _____ Signed _____ Age _____ Date _____

Parent/guardian (if racer is under 18)

Racer (if racer is over 18)

IN CASE OF EMERGENCY, if the designated person (above) cannot be reached, please notify:

Name _____ Phone # (_____) _____ Relationship _____