

## Race Day Emergency Contact Information

Please fill out one form for each racer.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Health Issues in Case of Emergency (allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

Boat Description: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Health Issues in Case of Emergency (allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

Boat Description: \_\_\_\_\_

\_\_\_\_\_