

**CENTRAL ROADRACING ASSOCIATION  
MEDICAL INFORMATION AND TREATMENT RELEASE**

<b>Name</b>					<b>Competition #</b>		
<b>Address</b>						<b>Unit</b>	
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	
<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Blood Type</b>		
<b>Primary #</b>				<b>Secondary #</b>			

**Emergency Contact**

<b>Name</b>				<b>Relationship</b>			
<b>Address</b>						<b>Unit</b>	
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	
<b>Primary #</b>				<b>Secondary #</b>			

**Insurance Information**

<b>Company</b>			<b>Phone #</b>				
<b>Group/Plan</b>			<b>Policy #/ID</b>				

**Medical History:**


**Drug Allergies:**


**Current Medications**


**Heart Disease:**  No  Yes   **High Blood Pressure:**  No  Yes   **Diabetic:**  No  Yes

**Insulin:**  No  Yes   **Contacts:**  No  Yes

Head Injuries? Date: \_\_\_\_\_

Other Injuries? Describe: \_\_\_\_\_

I hereby certify that the statements made in this release are complete, true, and correct to the best of my knowledge. I understand that I have a continuing obligation to report to an officer of the CRA any information of a nature that may affect my ability to compete in CRA sponsored events. I further understand that misstatements made in this application may result in revocation of my competition license and/or suspension from CRA sponsored events.

In addition, the undersigned consents to be given medical services at the scene of the emergency, said scene shall include trackside site of the incident causing the emergency and any first-aid or emergency medical services facility located at racing facility. The undersigned understands that such emergency medical services will be rendered in accordance with and reliance on various Minnesota statues designed to encourage the giving of emergency medical services without liability or civil damages.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Guardian or person with legal custody signature is required if participant is a minor. I hereby confirm, consent and agree to the forgoing.