

F1 NEW JERSEY KARTING INDIVIDUAL MEDICAL INFORMATION CONFIDENTIAL

This form is required of all members. If a red flag situation does occur, we will need this information on hand. This information is for the EMTs only.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SEX –MALE / FEMALE _____ DATE OF BIRTH _____

BLOOD TYPE _____

EMERGENCY CONTACT

NAME _____

PHONE NUMBER _____

MEDICAL INFORMATION

ALLERGIES _____

ASTHMATIC – Y / N _____ DIABETIC – Y / N _____

INSURANCE COMPANY _____

EXISTING MEDICAL CONDITIONS:

<i>EQUIPMENT</i> BRAND NAME and COLORS	
GLOVES:	_____

SUIT:	_____

HELMET:	_____

KART:	_____

PARENT STATEMENT OF HEALTH FOR PERSONS UNDER THE AGE OF 18

I, THE UNDERSIGNED, HEREBY STATE THAT

NAME _____ AGE _____ SIGNATURE _____

NAME _____ AGE _____ SIGNATURE _____

*Is/are in apparent good health and physically able to participate in the strenuous activities of riding with such activities further stressed by exposure to conditions of humidity and temperatures.

* Further, it is also stated that the above named minor(s) is/are not subject to fainting, loss of balance, loss of muscular coordination, and in general is/are free of other physical ailment(s) that could be aggravated by the stress of driving in kart competition and thereby placing himself, competitors, spectators, and others in attendance in jeopardy of injury.

*Further, pursuant to the best interest of the above named minor(s), competitors, spectators, and others in attendance at competition events, there is no intent to conceal a possible physical condition when such revelation would be ample cause for the Club to withhold the issuing membership, license, permit, or in any other way ratify the participation for said minor(s) in events sanctioned by the Club.

GUARDIAN'S SIGNATURE _____ DATE _____

***Proof of age is required for all Minors. **Please make a copy of birth certificate to attach to application.** Once on file, this is not required each year.

***Minor's release form is required for all Minors. This form must be submitted by the legal guardian annually prior to use of F1NJ facilities.