



**MEDICAL FORM**

**NAME** :

**Birth Date** :

**Age** :

**Address** :

**Phone #** :

**Cellular Phone** :

**Responsible Guardian**

**Mother's name** :

**Father's name** :

**Work #** :

**Work #** :

**Other contact**(Please indicate relationship to rider):

Please indicate address and phone # if different from above

**E-Mail Address** :

**Fax #** :

**Rider's Physician** (Name, Address and Phone #)

**Date of last tetanus shot** : -----

**Known Allergies**

Foods -----

Medication -----

Others -----

**Injuries**

Back -----

Knee -----

Head -----

Other -----

Any restrictions to do sports – Please explain in detail –

If under 18, persons to contact in case of an Emergency other than guardian’s names listed above - (Name, Address and Phone #)

1 –

2 –

3 –

In case of emergency, name your hospital of choice: \_\_\_\_\_