

# Gravity Sports International

## Medical Information Form

**Proof of Medical Insurance will be required before you can race.**

\_\_\_\_\_ first name

\_\_\_\_\_ last name

\_\_\_\_\_ birthdate

\_\_\_\_\_ blood type

\_\_\_\_\_ date of last tetanus shot

Allergic to any Medications?  yes  no

If yes, please list medication(s) here:

Currently under doctors care?  yes  no

\_\_\_\_\_ Doctor name

\_\_\_\_\_ phone number

Past surgeries and/or major injuries:

Current medications and/or Special Medical Instructions?

\_\_\_\_\_ In case of Emergency notify

\_\_\_\_\_ phone number

\_\_\_\_\_ Insurance company

\_\_\_\_\_ Account number

\_\_\_\_\_ Group number

\_\_\_\_\_ Phone number

Any changes in Medical Condition information between events must be reported to Gravity Sports International.

The information provided here will be kept on file with Gravity Sports International in strict confidentiality and will only be used to assist Emergency Medical Personal in the event of an emergency.