



**United States Super Trucks Series
Emergency Contact**

CREW PERSONAL INFORMATION
PLEASE PRINT

Team _____

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Spouse's name _____

EMERGENCY CONTACT

In case of emergency, notify Mr./Mrs./Ms

Full Name _____

Address _____

City _____ State _____ Zip _____

Mailing address City _____ State _____ Zip _____

Home phone _____ Work _____ Cell _____

E-mail Address _____

MEDICAL INFORMATION

Any handicaps, disabilities, or medical conditions pertinent to racing? YES NO

If YES, please describe (attach additional sheets if necessary) _____

Do you have any allergies? List: _____

Do you carry an Epi Pen or an inhaler? _____ Blood Type: _____

Are you taking any medications ? List: _____

List medical conditions or injuries: _____

Insurance Provider: _____

Date _____ Legal Signature _____

Witness/Parent name (print) _____

Witness/Parent signature _____

If applicant is under 18 years of age, a parent release/signature must be present on this application.