

CAR NUMBER _____ CAR CLASS _____ CAR COLOR _____

**NORTH STAR SPEEDWAY
2004 DRIVER EMERGENCY INFORMATION**

THE INFORMATION THAT YOU ARE SUPPLYING WILL BE USED FOR EMERGENCY PURPOSES, IN THE EVENT YOU DO NOT HAVE A RELATIVE ON HAND AT THE SCENE OF ANY ACCIDENT THAT MAY REQUIRE EMERGENCY MEDICAL ATTENTION. THIS INFORMATION WILL BE GIVEN TO TRAINED EMERGENCY RESPONSE PERSONAL. THIS FORM AND INFORMATION CONTAINED ON THIS FORM MUST BE UPDATED YEARLY AND ON FILE WITH NORTH STAR SPEEDWAY.

PLEASE PRINT LEGIBLY

NAME _____ PHONE _____

ADDRESS _____

DATE OF BIRTH _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

MEDICAL HISTORY & ALLERGIES PLEASE LIST ANY ALLERGIES OR PAST INJURIES, HEART CONDITION, DIABETES, ETC. THAT MAY BE PERTINENT TO AN EMERGENCY MEDICAL SITUATION.

BLOOD TYPE _____ **CURRENT MEDICATION (S)?** _____

FAMILY PHYSICIAN (OPTIONAL)

NAME _____

ADDRESS _____ PHONE _____

NO EXPRESSED OR IMPLIED WARRANTY OF SAFETY SHALL RESULT FROM USE OF THIS INFORMATION SHEET AND IN NO WAY IS A GUARANTEE AGAINST INJURY AND/OR DEATH TO A PARTICIPANT, SPECTATOR, OR OFFICIAL.

DRIVER SIGNATURE

DATE