

CAR NUMBER _____ CAR CLASS _____ CAR COLOR _____

**NORTH STAR SPEEDWAY
2010 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 PERSONNEL. 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 PLEASE NOTIFY:

NAME _____ **RELATIONSHIP** _____

HOME PHONE _____ **WORK** _____ **CELL** _____

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

BLOOD TYPE _____ **CURRENT MEDICATIONS** _____

FAMILY PHYSICIAN
NAME _____ **ADDRESS** _____

PHONE _____

NO EXPRESSED OR IMPLIED WARRANTY/GUARANTEE 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