

# CMAC MEDICAL RECORD AND RELEASE

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Local Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_  
Local Street Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Policy # \_\_\_\_\_  
Any Allergies \_\_\_\_\_  
Any Drug Reactions \_\_\_\_\_  
Regular Medications Being Taken \_\_\_\_\_

It is understood that every effort will be made to contact the following designated person: \_\_\_\_\_  
Name Phone # (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**I, the parent/guardian (if racer is under 18), or I the racer, give the directors and/or coaches of Crystal Mountain Alpine Club, Crystal Mountain, Snoqualmie Pass, and/or Mt. Hood/Timberline permission to obtain medical aid for myself/my son/daughter in case of injury or illness. If medical attention becomes necessary, the above information is, to the best of my knowledge, true and correct.**

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Signature Parent/Guardian (if racer under 18) \_\_\_\_\_ Date \_\_\_\_\_