

WMRRA

WASHINGTON MOTORCYCLE ROAD RACING ASSOCIATION

2010 Medical Information & Treatment Authorization Form

For Office Use Only

Date Form Filed: _____

INSTRUCTIONS

Please type or print legibly. Complete all information and sign the back. Make a copy for your leathers. **An up-to-date medical form must be on file with the registrar or you will not be allowed to race.**

Send or fax with Membership application to:
WMRRA Registration
PO Box 50074
Bellevue WA 98015

Fax: Must Dial 1 (206) 374-2854
Email:
REGISTRATION@WMRRA.COM

Blood Type _____

Date of Last Tetanus Shot:

Contact Lenses? Yes ___ No ___

Dentures? Yes ___ No ___

Name		
Address		Apt. #
City	State	Zip
Home Phone ()	Work Phone ()	
Age	Date of Birth	Social Security #

Diabetic? Yes ___ No ___

Epileptic? Yes ___ No ___

List known allergies to any medications:

Next of Kin, or Person To Be Notified in Case You Are Injured:

Name		
Address		Apt. #
City	State	Zip
Home Phone ()	Work Phone ()	
Relationship To You:		

Do you have Medical Insurance?

Yes ___ No ___

If YES, List Company & Policy #

List Any Operations and What Year Done, You Have Had:

Your Physician's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

PLEASE KEEP ONE COPY OF YOUR MEDICAL FORM IN YOUR LEATHERS AT ALL TIMES!

IMPORTANT!

READ OTHER SIDE CAREFULLY BEFORE SIGNING!

READ CAREFULLY, SIGN PART A OR PART B, BUT NOT BOTH & INSURANCE INFO.

PART A

Consent and Authorization for Medical, Hospital, and/or Dental Services

The undersigned, on behalf of himself/herself, or minor, if applicable, hereby authorizes and consents to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care, to be rendered under the general or specific supervision and upon advice of a physician and surgeon licensed in the State of Washington or Oregon where applicable, and does hereby authorize and consent to any x-ray examination, anesthetic, dental or surgical diagnosis, treatment and hospital care, to be rendered by a dentist licensed in the State of Washington or Oregon where applicable.

I hereby confirm, consent, and agree to the foregoing.

Date: _____ Signature of Rider: _____

If the rider is a minor a signature of the parent or Guardian is required.

Date: _____ Signature of Guardian: _____
Parent, Guardian, or person having legal custody of Rider (if Minor)

PART B

Note: If you DO NOT wish to authorize emergency medical treatment per the provisions of this agreement, please sign below.

I have read and understood the above Consent and Authorization for Medical, Hospital, and/or Dental Service and decline to accept the terms and conditions thereof.

I hereby confirm, consent, and agree to the foregoing.

Date: _____ Signature of Rider: _____

If the rider is a minor a signature of the parent or Guardian is required.

Date: _____ Signature of Guardian: _____
of Parent, Guardian, or person having legal custody of Rider (if Minor)

Your future is at stake. Do not risk it without Proper Insurance!

We are all aware of the fact that every time we race we risk our lives and we risk the possibility that we could obtain substantial injuries so severe that our lives will change forever.

The medical bills alone from catastrophic injuries can approach \$500,000 to \$1,000,000. If you can't afford these kinds of bills and you either do not have health insurance or you do not have health insurance that covers racing injuries, you may not be able to have surgery that will dramatically improve your quality of life or to correct a disfigurement. It means that you might also lose everything you own and have to declare bankruptcy.

- *Do not count on NOT being injured.
- *Do not count on someone else to take care of you.
- *Be responsible.
- *Take responsibility for yourself and your loved ones.
- *Get appropriate health insurance.

You should also know that it is not enough just to have health insurance. Many policies exclude coverage for injuries sustained in events such as motorcycle racing.

You also need to know that merely because your health insurance has covered treatment expenses for past racing injuries does not guarantee that such injuries will be covered in the future.

Check your policy carefully and talk with your insurer if necessary to make sure that injuries you sustain in motorcycle racing will be covered. Don't gamble with your future.

I have received and read a copy of this document.

Date: _____ Signed: _____