



2018 YOUTH MATCH RACING WORLD CHAMPIONSHIP Ledro, 03-08 July 2018

MEDICAL INFORMATION

(separate form is required for each participant)

NAME: _____

GENDER: Male Female T-Shirt size: S M L XL

Date of Birth (D/M/Y): ___ / ___ / ___

PHONE: _____

Email: _____

NATIONALITY: _____

THE PARTICIPANT (IF OVER 18) OR HIS/HER PARENT/GUARDIAN MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE.

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS		ALLERGIES	
Asthma or other Respiratory Problems		Medication	
Diabetes or Hypoglycemia		Bee Stings/Insect Bites	
Hemophilia or other Bleeding Problems		Animals/Pets	
Circulatory or heart problems		*Food	
Epilepsy		*Any others	
		*please specify in "details" section below	

DETAILS:

Date:

Signature (of the guardian if minor)
