______ cc Mt. Bachelor Ski Patrol

______ cc MBSEF Athlete Travel File

Mt. Bachelor Sports Education Foundation

2018/2019 MBSEF MEDICAL RECORD AND RELEASE

Participant Name ____ Birth Date__________________________ Sex _____

Participant Name ____ Birth Date__________________________ Sex _____

Participant Name ____ Birth Date__________________________ Sex _____

Local Phone # (______)______________________________________ Cell Phone # (______)______________________________________

Local Street Address ____City __________________State ___________Zip ___________

Mother's Name _____________________________________ Home # (____)_____________________ Work # (____)__________________

Father's Name ______________________________________ Home # (____)_____________________ Work # (____)__________________

Family Physician _______________________________ Phone # (____)_____________________ Racer's Blood Type (if known) _________

Insurance Company _____________________________ Phone # (____)___________________Policy # ______________ID # ____________

ARE YOU SUBJECT TO OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS? (check all that apply)

_____ Fainting spells or dizziness
_____ Frequent headaches
_____ Frequent sore throat
_____ Frequent nose bleeds
_____ Operations
_____ Broken bones or dislocations
_____ Allergies
_____ Drug reaction(s) Name drug _______________________________
Any other condition requiring:
_____ Regular medication Name condition _____________________________ Name medication __________________________________
_____ Restriction of activities Name activity restriction ____

_____ Chronic bronchitis, pleurisy, or other chest disease
_____ Heart trouble or rheumatic disease
_____ Stomach or bowel trouble
_____ Diabetes or kidney trouble
_____ Eye trouble, ear trouble or deafness
_____ Blood disorder
_____ Other conditions not listed above

***If you checked any of the above items, describe fully (use separate sheet of paper if needed)

I the parent/guardian (if racer is under 18), or I the racer, give the directors and/or coaches of Mt. Bachelor Sports Education Foundation and Mt. Bachelor LLC, permission to obtain medical aid for myself/my son/daughter in case of injury or illness and medical attention becomes necessary. It is understood that every effort will be made to contact the following designated person:

Name ____ Phone # (____)______________________ Relationship____________________

Address ____

If medical attention becomes necessary, the above information is, to the best of my knowledge, true and correct.

Signed ________________________________ Date ________ Signed _________________________________ Age ____ Date ______
Parent/guardian (if racer is under 18) Racer (if racer is over 18)

IN CASE OF EMERGENCY, if the designated person (above) cannot be reached, please notify:

Name ____ Phone # (____)____________________Relationship ______________________

MBSEF, 563 SW 13th St. Ste. 201, Bend, OR, 97702 mbsef@mbsef.org 541-388-0002 office www.mbsef.org