

Participant Personal Information

Instructions: Complete this form, make 2 copies and place each one in a sealed envelope and send or give both of them to Bill Bradfield by February 1st, 2010, one sealed copy will be provided to the Trail Boss for the group you are riding in and the other will be sent to the Command Center. They will only be opened in the case of emergency to provide information to medical or SAR personal.

		Date:
Personal Info	Name:	
	Date of Birth:	
	Height:	Weight:
	Home Address:	
	Home Phone:	
	Work Phone:	
Family Doctor	Name:	
	Address:	
	Phone:	
Emergency Contact	Name:	
	Phone #:	
Allergies		
1	Reaction:	
2	Reaction:	
3	Reaction:	
4	Reaction:	
Medications Taken Regularly:		
Name	Strength	Frequency
1		
2		
3		
4		
Vitamins, herbs, or street drugs taken on a regular basis:		
1	2	
Disease or medical problems (diabetes, heart problem, epilepsy, etc.)		
1		
2		
3		
4		
What Surgeries:		
1		
2		
3		
Date of last tetanus booster (should be every ten years):		