



Pinnacle Racing
2018-2019 Medical Release

Athlete Name Address
City, State, Zip Birth date
Athlete Email Athlete Cell
Parent Parent
Cell Phone Cell Phone
Home Phone Home Phone
Work Phone Work Phone
E Mail E Mail

Insurance Coverage

Company Identification #
Policy Number Expiration Date

Medical History

Allergies
Medication
Other Medical Information

Foreign Coverage (for athletes traveling outside the U.S.)

We have verified with our insurance company that this policy is effective for care in foreign countries. Any additional information necessary is attached to this form. Our son/daughter will travel with a means of payment for medical services (e.g. credit card).

Athlete Medical Release

Athlete or Parent, if Athlete is under the age of 18 years, hereby authorizes Pinnacle Racing to secure hospital, medical, surgical and dental care or treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can authorize that athlete to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. Pinnacle Racing shall notify Parent at the earliest possible time before, during or after such care, treatment and/or procedures are authorized. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and Pinnacle Racing to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically holds harmless and indemnifies Pinnacle Racing of and from any and all costs and/or claims of any nature arising out of the provision of such care, treatment and/or procedure.

Athlete Signature Date

Parent or Guardian Signature Date