



**FCA MOTOCROSS  
TRACKSIDE TRAINING CAMP  
Cooperland Raceway  
July 15-17, 2009**

**Personal Information**

Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information**

Do you have any medical conditions? \_\_\_\_\_

Are you on medication? \_\_\_\_\_

List all allergies \_\_\_\_\_

**Insurance Information**

Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

**Permission / Waiver**

In the case of emergency, I \_\_\_\_\_ give my consent to treat  
the above named person. (print name)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

T Shirt Size \_\_\_\_\_ Additional T Shirts may be purchased for \$12.95 Additional Shirts sizes \_\_\_\_\_