HELLGATE ROLLER DERBY

Member Contact & Medical Information

PERSONAL INFORMATION

Name: _____

Parent / Guardian Name (if under age 18):

_____

Phone Number: _____ **Date of Birth:** _____

Email Address: _____

Street Address: _____

City: _____ **State & Zip:** _____

HEALTH & INSURANCE

Primary Health Insurance Provider: _____

Blood Type (if known): _____

MEDICAL INFORMATION

Current Medications (list all): _____

Do you have any allergies? □ YES □ NO

If yes, please list them: _____

Do you carry an EpiPen? □ YES □ NO

Do you have any ongoing medical conditions? □ YES □ NO

If yes, please check all that apply:

□ Asthma □ Anemia □ Diabetes □ Infections □ Other: _____

Do you carry an inhaler? □ YES □ NO

Previous injuries that may affect roller derby training:

_____

EMERGENCY CONTACTS

1. Name: _____ **Relation:** _____ **Phone:** _____

2. Name: _____ **Relation:** _____ **Phone:** _____