



**DRIVER INFORMATION & EMERGENCY RELEASE FORM**

**GO KART DRIVERS INFO**

Race car #: \_\_\_\_\_ Drivers Name: \_\_\_\_\_ SSI #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT/PARENTS INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

**PRIMARY INSURANCE INFO**

Policy Holders Name: \_\_\_\_\_ Insured Party: \_\_\_\_\_  
Insurance comp. Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL HISTORY**

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History: Cardiac [ ] Diabetes [ ] Hypertension [ ] Asthma [ ] CHF/COPD [ ]

Other:(explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_