



**2015 Foster City  
IOM Worlds**

## **Emergency Form**

Competitor name: \_\_\_\_\_ Sail number: \_\_\_\_\_

Country: \_\_\_\_\_ DOB: mm/dd/year: \_\_\_\_\_ Age: \_\_\_\_\_

In an emergency, notify (name): \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Emergency email address: \_\_\_\_\_

Health insurance Coverage in the USA: YES / NO

If YES, insurance information: \_\_\_\_\_

Advise if under a medical doctor's care or using any prescription medications:

List known allergies to medications, plants, food and/or insects:

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the event. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Notes:

Competitor signature:

Date: