



Wisbech & District Kart Racing Club

Medical Disclaimer 2024

To enable Emergency services to provide appropriate medical care WDKRC requires all members/ parents of Junior members to complete & sign a WDKRC Medical Disclaimer. All information provided will remain confidential and will only be disclosed to aid emergency treatment.

MEMBER NAME

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DOB

RACE NUMBER

CLASS

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ADDRESS

EMERGENCY CONTACT DETAILS

NAME	
RELATIONSHIP	
CONTACT NUMBER	

RELEVANT EMERGENCY MEDICAL INFORMATION

Medication/ Allergies/Asthma/Heart disease etc

By signing below I verify that I am in good physical health and I am not suffering from any medical condition or disability which might make it unsafe for me to participate in WDKRC activities I further state that I am not participating against medical advice and that I do not have any pre existing condition which may make it unsafe for me to participate.

If I become injured or unwell during the course of my participation and am unable to seek treatment for myself I hereby give permission for Emergency Medical Treatment to be sought for me by representatives of WDKRC.

MEMBER SIGNATURE

DATE

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SIGNATURE OF PARENT/ GUARDIAN

DATE

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