

# IndySpeed Sports Club, Inc

## Membership Application

For the Season: \_\_\_ 2016/2017 \_\_\_ 2017/2018

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Please indicate any pertinent medical history: \_\_\_\_\_

\_\_\_\_\_

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

Allergies: \_\_\_\_\_

### Permission for Emergency Care:

I \_\_\_\_\_, request that should I require medical attention and am unable to speak for myself, that I wish to be admitted to any hospital or medical facility for diagnosis and treatment should the need arise. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if any emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary. I request and authorized physicians, athletic trainers, technicians, first aid personnel, nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. I and or our insurance carrier accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify INDYSpeed Sports Club, inc. if at any time our medical insurance provider changes while participating in activities involving INDYSpeed Sports Club, inc.

DATE: \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF GUARDIAN IF PARTICIPANT IS A MINOR: \_\_\_\_\_

**My signature indicates that I've read and understand the above**

**Annual Membership fees:** \_\_\_\_\_ \$50 per Individual,  
\_\_\_\_\_ \$100 per Family

**INDYSpeed Sports Club**  
**7425 Noel Rd.**

**Indianapolis, IN 46278**

**www.IndySpeed.org**

**Attach additional forms for each family member.**

**Make Check Payable to IndySpeed Sports Club**

