



## ADVENTURE TEAM REGISTRATION CONFIRMATION

**ONE FORM FOR EVERY TEAM MEMBER IS REQUIRED FOR PACKET PICK-UP**

EVENT DATE: SATURDAY, OCTOBER 7, 2017

**Affirmation:** I, parent/guardian of the Team Member named below, affirm that I authorized this Team Member to be registered for the 2017 Byron Center Adventure Race, and that I have authorized the Team Member's Race Packet to be picked up. I have also provided the emergency medical below for him/her to be printed on the back of the Team Member's Race Bib during Packet Pickup.

Team Member's Name (***Please print***): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(as of 9/5/17)

Name of Team Member's Parent or Guardian (***Please print***): \_\_\_\_\_

Signature of Team Member's Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information for back of Team Member's Race Bib:

- Emergency Contact: Parent/Guardian phone number \_\_\_\_\_  
(Where they can be reached during the Race)
- Any known allergies (including to medications) \_\_\_\_\_  
\_\_\_\_\_
- Any medical conditions and any medications taken for that condition \_\_\_\_\_  
\_\_\_\_\_
- Any other important information that might be needed in the event of an emergency