



# USHPA EVENT / COMPETITION EMERGENCY MEDICAL INFORMATION

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300,  
www.usHPA.aero, info@ushpa.aero

**All Event or Competition participants must complete this form prior to the start of the Event**

## Participant or Competitor Information

Event / Competition Title \_\_\_\_\_

Name \_\_\_\_\_

Phone Primary \_\_\_\_\_

Alternate \_\_\_\_\_

USHPA Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Local Address \_\_\_\_\_

During Competition \_\_\_\_\_

Traveling Companions \_\_\_\_\_

Phone Primary \_\_\_\_\_

Alternate \_\_\_\_\_

## Primary Emergency Contact

Contact Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Phone Primary \_\_\_\_\_

Alternate \_\_\_\_\_

## Secondary Emergency Contact

Contact Name \_\_\_\_\_

Relationship to Competitor/Participant \_\_\_\_\_

Phone Primary \_\_\_\_\_

Alternate \_\_\_\_\_

## Medical Information

Medical Insurance Provider \_\_\_\_\_

Phone \_\_\_\_\_

Group ID Number \_\_\_\_\_

Policy Owner \_\_\_\_\_

Blood Type \_\_\_\_\_

Insured ID Number \_\_\_\_\_

List Allergies \_\_\_\_\_

*(list any medical related allergies or write n/a if none)*

Major Surgery \_\_\_\_\_

*(list any major surgeries and when or write n/a if none)*