



BLACK MOUNTAIN MOTORCYCLE CLUB

PERSONAL / MEDICAL / EMERGENCY INFORMATION

Carry This Information On Your Motorcycle *And* On Your Person When Riding

PERSONAL INFORMATION:

Your Name:		Date of Birth:	
Street Address:	City:	State:	Zip:
Home Phone #:	Cell Phone #:		

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name:		Relationship:	
Phone #:	Alternate Phone #:	E-mail:	

MEDICAL INFORMATION:

Medical Condition (e.g. heart, asthma, etc.):			
Diabetic Y/N:	Epileptic Y/N:	Contact Lenses Y/N:	Dentures Y/N:
Medications:			Organ Donor Y/N:
Insurance Co:		Gp/Policy #'s:	
Blood Type:	Allergies:	Living Will Y/N:	
Date of last Tetanus shot:		Prior Transfusion Reaction:	
Primary Care Physician:		Phone #:	

MOTORCYCLE INFORMATION:

Driver's License #:		State:	
Motorcycle License #:	State:	Make of M/C:	
In Case of Accident - Deposit/Release Motorcycle to Dealership or Police Impound?:			
In Case of Accident - Deposit/Release Personal Equipment to Dealership or Police Impound?:			

ADDITIONAL INFORMATION:
