



Registration and Medical Information 2025

Group Name: _____

Please note:

- (1) Keep original, notarized form in the vehicle in which you travel **AT ALL TIMES!!!**
- (2) Please attach a copy of your medical insurance card to this form.
- (3) Mail a copy of this form with attached copy of medical insurance card to Revive225 Staff as soon as possible.

****Please type this form or print in ink – thank you!****

REGISTRATION INFORMATION

Name _____ T-shirt Size: S M L XL 2X 3X
 Address _____
 City, State, Zip _____
 Phone _____
 Occupation _____
 Email Address (adults only): _____

EMERGENCY MEDICAL INFORMATION

MEDICAL INFORMATION ON THIS FORM WILL ONLY BE USED IN THE EVENT THAT MEDICAL TREATMENT IS NEEDED. IT WILL NOT BE USED FOR ANY OTHER PURPOSE.

Social Security # _____ Date of Birth ____/____/____
 Date of last Tetanus shot _____ Gender (circle) M F
 Medication(s) you are currently taking (prescribed & over the counter – this is very important!): _____

Medication(s) you CANNOT take: _____

Any allergies and/or special health problems or concerns: _____

MEDICAL INSURANCE INFORMATION

Company Name _____ Policy # _____
 Phone _____ Policy Holder's ID # _____
 Address _____ Relationship to policyholder _____
 City, State, Zip _____

IN AN EMERGENCY, PLEASE CONTACT:

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Day Phone _____	Day Phone _____
Cell Phone _____	Cell Phone _____
Present with group? (Circle) Y N	Present with group? (Circle) Y N

PHYSICIAN INFORMATION

Physician Name _____ Address _____
 Phone _____ City, State, Zip _____

Signature of Registrant: _____

