

# 2017 NEMA Medical Release Form

## Section I Members Information

Name \_\_\_\_\_

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

Membership # \_\_\_\_\_

## Section II To be completed by Physician

Physician: I hereby certify that I have examined the above-named person on this date and found he/she is physically able to participate in competition auto racing events with the Northeastern Midget Association without restrictions.

*This note is good for One (1) year from the date of the physical unless voided by serious injury, accident or illness. If voided, it will be the responsibility of this member to get an updated medical clearance from his/her physician before resuming participation in competition auto racing events with the Northeastern Midget Association.*

\_\_\_\_\_  
Physicians Name (Print)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date