

2009 OKC Redman Triathlon
Pre-Event Medical Check-In Form

Race # _____

Name _____

Phone _____ Email _____

Age ____ (Day of Event) Sex ____ Pre-race weight _____

In which event are you participating? (Circle One)

Full Half Aqua/Bike Relay- Swim Bike Run

Current Medications: _____

Allergies: _____

Medical History: _____

2 Emergency Contacts: _____

Name Number

Name Number