



WPMC
MOTORCYCLE SECTION

IN CASE OF EMERGENCY

Date: _____

Name:	
Surname:	
Race no: (Bike No:)	
D.o.B:	
ID No:	
Class:	
Club Membership No:	
Race Licence No:	
Medical Aid:	
Doctor: (Name and Tel No:)	
Blood Group:	
Allergies:	
Emergency Contact:	
Emergency Contact Number:	
Insurance:	MSA: _____ Private: _____
Notes:	