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| **Project DM Athlete/SAG Support Information** | **#DoEpicShit** |

\*Please submit the following information to Project DM Race Coordinators no later than 2 weeks prior to race day

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete Name** |  | | | | | | | | | | | **Athlete Age** |  |
| **Athlete Phone #** |  | | | | | | | **Email** | |  | | | |
| **Athlete Emergency Contact Name & Phone** | | | | | | |  | | | | | | |
| **Emergency Contact Relation to Athlete** | | | | | | |  | | | | | | |
| **Allergies or Medical Information we need to know about?** | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | |
| **Kayaker Name** | |  | | | | | | | | | | | |
| **Kayaker Phone #** | |  | | | | | | | **Email** |  | | | |
| **Kayaker Emergency Contact Name & Phone** | | | | | | | | |  | | | | |
| **Allergies or Medical Information we need to know about?** | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | |
| **SAG Support Driver Name(s)** | | | | | |  | | | | | | | |
| **SAG Phone #(s)** | | | | | |  | | | **SAG Email(s)** | |  | | |
| **Make/Model/Color of SAGE Vehicle** | | | | | | |  | | | | | | |
| **SAG Emergency Contact(s) Name & Phone** | | | | | | |  | | | | | | |
| **Allergies or Medical Information we need to know about?** | | | | | | | | | |  | | | |
| **Additional people in the SAG vehicle…Please provide their Name, Phone #, Email and Emergency Contact information** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Run Support Name** | | |  | | | | | | | | | | |  | | |
| **Run Support Phone #** | | |  | | | | | | **Email** |  | | | |  | Email | | |  |
| **Run Support Emergency Contact Name & Phone** | | | | | | | | | |  | | | |  | |
| **Allergies or Medical Information we need to know about?** | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | |  | |
| **Hike Support Name** | | | |  | | | | | | | | | |  | |
| **Hike Support Phone #** | | | |  | | | | | **Email** |  | | | |  | |
| **Hike Support Emergency Contact Name & Phone** | | | | | | | | | |  | | | |  | |
| **Allergies or Medical Information we need to know about?** | | | | | | | | | |  | | | |  | |