



USHPA EVENT / COMPETITION EMERGENCY MEDICAL INFORMATION

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300,
www.usHPA.aero, info@ushpa.aero

All Event or Competition participants must complete this form prior to the start of the Event

Participant or Competitor Information

Event / Competition Title

Name

Phone Primary

Alternate

USHPA Number

Birth Date

Local Address

During Competition

Traveling Companions

Phone Primary

Alternate

Primary Emergency Contact

Contact Name

Relationship to
Participant

Phone Primary

Alternate

Secondary Emergency Contact

Contact Name

Relationship to
Competitor/Participant

Phone Primary

Alternate

Medical Information

Medical Insurance
Provider

Phone

Group ID Number

Policy Owner

Blood Type

Insured ID Number

List Allergies

(list any medical related
allergies or write **n/a** if
none)

Major Surgery

(list any major surgeries
and when or write **n/a** if
none)