## Personal Information (Each Player should fill this out)

**Players Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First & Last Name** | **Date of Birth** | **Cell Phone** | | **Email Address** | | |
|  | **/ /** |  | |  | | |
| **Mailing Address\*** | | | **City** | | **State** | **Zip Code** |
|  | | |  | |  |  |

(FedEx/UPS will need to be able to deliver a package.) \* No PO Boxes

|  |
| --- |
| **Emergency Contact:** |
| **EC Phone Number: Cell: Work** |

|  |  |  |
| --- | --- | --- |
| **Home Town (City, State)** | **Occupation** | **Favorite Quote** |
|  |  |  |

**We hate to ask, but a race T-Shirt and costumes will be provided. PLEASE BE HONEST.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **T- Shirt Size** | **Shoe Size** | **Waist Size** | **Height** | **Weight** |
|  |  | Men: Women: |  |  |  |

The Amazing Race Orlando, Inc. is not nearly as intense as the real Amazing Race, but we do need to know if there is anything that may prevent you from successfully completing the race. Health conditions we need to know about are any head, neck, back injuries, heart conditions, recent surgeries or anything that will be aggravated by strenuous activity. If you become pregnant between now and race day we need to be notified immediately.

Medical Conditions we need to know about:

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Adult Criminal History:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_