

**June 3-4, 2022**

**Hickory, NC**

**INDIVIDUAL PARTICIPANT INFORMATION**

**\*\*Medical information will be secured by WHG Staff and will only be used in case of participant emergency. All records will be destroyed upon completion of the 2022 World Heart Games.\*\***

**Please Mail or Email Completed Form to:**

**Tiffany Maxson**

**15226 Aullcin Court**

**Charlotte, NC 28278**

**tiffany.mccall@atriumhealth.org**

**NAME:**

**TEAM NAME:**

**PHONE NUMBER:**

**DATE OF BIRTH:**

**PHYSICIAN NAME:**

**PHYSICIAN PHONE NUMBER:**

**EMERGENCY CONTACT NAME AND NUMBER (1):**

**EMERGENCY CONTACT NAME AND NUMBER (2):**

**ANY IMPLANTED DEVICES (PACEMAKERS, AICD, INSULIN PUMPS, ETC.):**

**CURRENT MEDICATIONS AND DOSAGES:**

**ANY ALLERGIES TO MEDICATIONS OR BEE STINGS:**