**Name:** Gutkowski, Nicolas **Date of Birth**: 1998/10**/** 14

**Cell Phone Number:** (434)-806-6980

**Address (Physical):** 6120 Stayman Ct

**City:** Crozet **State:** VA **Zip Code:** 22932

**Address (Mailing, if Different):** \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_

**City:** \_\_\_\_ \_\_\_\_\_ \_ **State:**   **Zip Code:** \_\_\_\_ \_

***Emergency Contacts***

**Name:** Birgit Gutkowski **Relationship:** Mother **Phone:** (xxx)-xxx-xxxx

**Name:** Robert Gutkowski **Relationship:** Father **Phone:** (xxx)-xxx-xxxx

***Known Allergies***

Please list any known allergies, their severity, and their corresponding treatment below.

***Known Medical Conditions***

Please list any known medical conditions, their severity, and their corresponding treatment below.

***Medical Care (If Information is Known)***

**Physician:** <First Name> <Last Name> **Phone:** (xxx)-xxx-xxxx

**Insurance Company:** \_\_\_\_ \_\_\_\_\_\_ \_\_ **Policy #:** \_\_\_\_ \_\_\_\_\_\_ \_\_

**Company Address:** \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_

**City:** \_\_\_\_ \_\_\_\_\_ \_ **State:**   **Zip Code:** \_\_\_\_ \_

*I intend to compete in the 2017-2018 Midwest High Power Rocketry Competition, and the above information is correct as far as I know.*

Signature: \_\_\_Nicolas Gutkowski\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_5/13/18\_\_\_\_\_\_