

YORK COUNTY RACING CLUB



YORK COUNTY RACING CLUB INJURED DRIVERS FORM

Section A: To be completed by member driver

Member's Name: _____

Address: _____

Phone # _____

Track name & phone # where injury occurred

Date of Injury: _____

Section B: To be completed by physician

Doctor's Name: _____

Address: _____

Phone # _____

Diagnosis: _____

Return to work date: _____

Physician's Signature _____

Mail form to: YCRC, 568 Yale St., York, Pa. 17403