

PARENTAL CONSENT FORM

MUST BE NOTARIZED!!!

I _____, parent of, _____, give
Permission for _____, to sign any/all releases for my child
_____, to race and/or practice, at _____ track,

On the following date(s) _____ to _____.

I _____, parent of, _____, give
Permission for _____, to make any medical decisions
necessary for my child _____.

(signature of parent)

(NOTARY SIGNATURE & STAMP)

CONTACT INFO:

NAME: _____

PHONE NUMBER: _____

ANY KNOWN MEDICATIONS, ALLERGIES, CONDITIONS:
