



## PARENTAL CONSENT FORM

I \_\_\_\_\_, parent of \_\_\_\_\_ give permission for \_\_\_\_\_ to sign any paperwork for \_\_\_\_\_ to race or practice the following dates \_\_\_\_\_ at the following track \_\_\_\_\_.

I, \_\_\_\_\_ also give permission for \_\_\_\_\_ to make any medical decisions for \_\_\_\_\_ during those dates.

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

EMERGENCY CONTACT AND PHONE NUMBERS:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**