

# 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:

\_\_\_\_\_