

## Parental Consent Form

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

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

Please initial appropriate custody line:

\_\_\_\_\_ Sole Custody

\_\_\_\_\_ Joint Custody

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBERS:

\_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**