

# Parental Consent Form

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  
\_\_\_\_\_.

Notary Signature and Stamp

Parent's Contact info

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any known medications, allergies, conditions: \_\_\_\_\_

\_\_\_\_\_ (signature of parent)