

Parental Consent/Healthcare Surrogate Designation (specified person)

I, _____, parent of _____ give permission for _____ to sign any paperwork for _____ to participate in MTF directed motocross training on the following dates _____ at the following motocross tracks _____.

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

Signed: _____

Printed Name: _____

EMERGENCY CONTACT PHONE NUMBERS:

Home: _____ Cell: _____ Other: _____

THIS FORM MUST BE NOTARIZED