To whom it may concern:	
I,,Pa	rent/Legal Guardian of,
give permission to	and/or
	en attending events at Tri City Kart Club in 2021
I also give them permission to seek medi an emergency.	ical/dental care for my minor child in the event of
Contact info for questions or concerns:	
Name:	
Address	
Phone:	
Signature of Parent/Legal Guardian	Date

Date

Notary Public