

# PARENTAL CONSENT FORM

**Child Information:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Health Insurance Information:**

**Health Insurance Company Name:** \_\_\_\_\_

**Policy ID #:** \_\_\_\_\_

**Enrollment Code No.** \_\_\_\_\_

**Parental Information:**

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

I, the custodial parent or legal guardian of, \_\_\_\_\_ hereby give my permission for my minor child to attend and/or participate in activities with:

**Name of Responsible Adult:** \_\_\_\_\_

**Address of Responsible Adult:** \_\_\_\_\_

\_\_\_\_\_

**Relationship to Minor Child:** \_\_\_\_\_

---

We (I) authorize the "Responsible Adult" in whose care the minor child has been entrusted, to take on full responsibly for minor child and acknowledge that minor child will obey all required participant guidelines set forth by the sponsored events being held at the Go Figure Inc., d/b/a Indianapolis Speedrome events located at 802 South Kitley Avenue, Indianapolis, Indiana 46219 . We (I) authorize said "Responsible Adult" to be allowed to make any immediate emergency care decisions for said minor child both at the event and/or hospital until my availability.

Date: \_\_\_\_\_

\_\_\_\_\_  
Custodial Parent or Legal Guardian  
(Print Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Custodial Parent or Legal Guardian  
(Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
Responsible Adult  
Signature

State of Indiana

County of Marion

I, a Notary Public, hereby certify that \_\_\_\_\_ & \_\_\_\_\_

whose name(s) is/are signed to the foregoing instrument, and who is/are known to me, acknowledged before me on this day that, being informed of the contents of the consent form, he/she/they executed the same voluntarily on the day the same bear date.

Given under my hand this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

\_\_\_\_\_, notarial officer

My commission expires: \_\_\_\_\_