

To whom it may concern:

I/We \_\_\_\_\_  
Printed Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s)

hereby give permission to \_\_\_\_\_ to act as Guardian  
Printed Full Name of Person Acting as Guardian

to \_\_\_\_\_ when attending, traveling to, and traveling  
Printed Full Name of Minor

from Puget Sound Go Kart Association practice/race events between \_\_\_\_\_  
Start Date of Guardianship

and \_\_\_\_\_ .  
End Date of Guardianship

\_\_\_\_\_ is authorized to sign for medical, dental, and  
Full Name of Person Acting as Guardian

legal situations when \_\_\_\_\_ is in his/her custody.  
Full Name of Minor

**Parent or Legal Guardian 1**

\_\_\_\_\_  
Full Name Phone Number

\_\_\_\_\_  
Signature Date

**Parent or Legal Guardian 2**

\_\_\_\_\_  
Full Name Phone Number

\_\_\_\_\_  
Signature Date

**Witness**

\_\_\_\_\_  
Notary Public Date

\_\_\_\_\_  
County State

\_\_\_\_\_  
Commission Expires

