OHIO VALLEY KARTING ASSOCIATION PARENTAL AUTHORIZATION NOTARY ACKNOWLEDGEMENT REQUIRED

l,,	parent/guardian of,
hereby grant permission for	to accompany my
son/daughter	to racing activities and to sign release forms in
my place and as my representative for th	ne 2023 racing year.
I authorize	to act as my representative for medical treatment
until such time as I can be contacted.	
I certify that	is currently years of age, his/her
birth date being	·
Parent / Guardian	Date
This Non-Attending Parental Consent a Notary Public.	Form will not be valid unless it is acknowledged before
STATE OF	
COUNTY OF	
The foregoing instrument was acknowledged	d before me this (date) by
	(name of person acknowledged.)
	Notary Public
	Printed Name:
	My Commission Expires: