OHIO VALLEY KARTING ASSOCIATION PARENTAL AUTHORIZATION NOTARY ACKNOWLEDGEMENT REQUIRED

I,,	parent/guardian of	,
hereby grant permission for		to accompany my
son/daughter	to racing activities a	nd to sign release forms in
my place and as my representative for th	ne 2024 racing year.	
I authorize	to act as my represen	tative 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	before me this	(date) by
	(name of person acknowledged	d.)
	Notary Public	
	Printed Name:	

My Commission Expires: _____