

RAM JAM SPORTSPLEX

PARENTAL CONSENT FORM

MUST BE NOTORIZED!!!

DATE: _____

I _____, parent of _____, give permission for _____ to sign any/all releases for my minor child _____, who is _____ years old, to practice and/or race at RAM JAM SPORTSPLEX on the following date(s) _____ to _____.

I _____, parent of _____ give permission for _____ to make any medical decisions necessary for my minor child.

CONTACT INFO: (please print)

Father Name: _____ Phone: _____

Mother Name: _____ Phone: _____

Participant Name: _____ Age: _____

**Any known medications, allergies, conditions:

I acknowledge there is no insurance provided, I assume all responsibility for my minor child to participate and be present on the property.

Father's signature: _____

Mother's signature: _____

Notary signature & stamp/seal: _____

3100 East 31st Street * Sheffield Village, Ohio 44054