***Confirmation of Under 18s*** 

***Signing-On Consent***

I, (Parent/Legal Guardian), confirm that I authorise

, , , (Name of delegated person), to sign on (Minor). This person is authorised to act as the responsible adult for the **2025** season in my absence at the race meeting.

I confirm above that the minor has the below medical conditions:

I confirm the medication that the above minor is prescribed:

I confirm below any known allergies suffered by the above minor:

I confirm below my contact details in case I am needed at any race meeting: Name (Parent/Guardian):

Telephone:

I sign below to confirm the above delegated person is able to act on my behalf during NASA sanctioned meetings.

Signed:

Name (Parent/Guardian):

This letter must be printed, and a copy kept in the licence of the minor. This document must be presented to the signing-on officials when signing-on the minor. This document must also be presented to the medical crew where medical treatment is required.