



"Slick" Willy's Karts & Eats

Slick Willy's Karts & Eats Parent Consent/Authorization Form

Name of Minor Child: _____ Birth

Date: _____

Address: _____ Zip Code: _____

City: _____ State: _____

Parent/Guardian: _____

Phone# _____

Parent/Guardian Address: _____ Zip Code: _____

City: _____ State: _____

Emergency Contact: _____

Phone# _____

Address: _____

*I hereby authorize my child to attend Slick Willy's Summer Camp 2015. I agree that my child will be dropped off and picked up promptly at the designated times. I have read and agreed to the safety waiver that must be signed prior to racing. I understand Slick Willy's is not responsible for my child and it is my responsibility for their well-being.

Parent/Guardian Signature: _____ Date: _____
