

## Guardian Transfer Form

I hereby authorize	to act as temporary guardian of	
(name of guardian)	-	(name of minor)
to attend the practice/race motocross day(s) of event of a medical emergency, I authorize		to act as representative and
authorize any medical treatment necessary.	(name of guardian)	
, Birthdate,		_
(name of minor) has no medical conditions, allergies, or any re		
Printed Name of (Father)Signature of (Father)		Date
I represent that I have sole legal custo	ody of an sole parent	/guardian.
Printed Name of (Mother)		
Signature of (Mother)  I represent that I have sole legal custom INITIAL		
MUST BE NOTARIZED		
Signed before me on thisD	ay of	, 2021
County, State of	My Commiss	ion Expires
Printed Name of Notary		
Signature of Notary		

Notary Stamp/Seal →