



## DONNIE HANSEN MOTOCROSS ACADEMY PARENTAL CONSENT FORM

I, \_\_\_\_\_, the undersigned parent or guardian of  
\_\_\_\_\_ agree to the participation of him/her in the  
training program of the Donnie Hansen Motocross Academy. I hereby  
authorize Donnie Hansen and his employees or agents to provide  
emergency medical treatment to him/her should it become necessary.

My medical insurance coverage is with \_\_\_\_\_,  
Policy # \_\_\_\_\_, Phone # for coverage verification \_\_\_\_\_.  
Emergency phone number where I can be reached \_\_\_\_\_.

I understand that I am monetarily responsible for any damage caused  
by my child to the premises of DHMA during his or her participation in  
a camp.

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

PARENT PRINTED NAME \_\_\_\_\_

CONTACT PHONE #'S \_\_\_\_\_