



# NHRA Jr. Drag Racing League

**(Physician's Medical Clearance to Participate in NHRA Jr. Drag Racing must be completed on other side)**

*Must be completed in order to process license*

Minor's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Sole Custody/Guardianship Yes No

(Please circle one)

**If yes, must include copy of court order; otherwise BOTH parents/guardians must sign.**

Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact Information

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

If medical care is required for the minor stated above in conjunction with any NHRA activity, the undersigned authorizes medical care as deemed necessary by first responders and any medical personnel, physician, or medical facility providing treatment.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Minor's Insurance Provider/Policy # \_\_\_\_\_

## STATEMENT OF MINOR'S HEALTH AND FITNESS TO PARTICIPATE – PARENT/GUARDIAN

I/We the undersigned parent or guardian of the minor referenced above, do hereby state and affirm that this minor is in good health and is physically and mentally able to participate in all the activities associated with competing in Jr. Drag Racing to the best of our knowledge. I/We understand that Jr. Drag Racing is strenuous, stressful, and includes all of the risks and dangers that face any vehicle racer. This minor is free of physical and mental impairments that could be aggravated by participating in Jr. Drag Racing events, and which could place the minor, competitors, spectators and others in attendance in danger of harm, and without limiting the foregoing, the minor is not subject to any of the following: fainting, loss of balance, hemophilia or any clotting disorder, loss of muscular coordination, seizures, psychosis, or impaired and uncorrected vision.

I/We have not concealed any possible physical or mental condition which could affect the safety or well being of the minor, fellow competitors, spectators and others.

I HAVE READ THIS STATEMENT  
Signature Father/Guardian

Date \_\_\_\_\_

I HAVE READ THIS STATEMENT  
Signature Mother/Guardian

Date \_\_\_\_\_

