

Tour de Montclair Permission Slip

(unaccompanied minors age 14 – 17)

I give my child, _____
permission to participate in the Tour de Montclair on Sunday, May 16, 2010.
I give my permission for my child to receive emergency medical treatment.

(print parent/guardian name)

(phone)

(parent/guardian signature)

(date)

In case of
emergency, please contact:

(name)

(phone)

(name)

(phone)