



MOTHER LODE CHRISTIAN SCHOOL

18393 Gardner Avenue, Tuolumne CA 95379

Office: 209-928-4126 | FAX: 209-928-4613 | Website: www.motherlodechristian.com

6th - 8th Grade Cross Country

Dear Parent(s)/ Guardian(s),

With your permission, your son/daughter will be running off campus at different times with Cross Country for the 20____ - 20____ school year.

To the Principal / Athletic Director of Mother Lode Christian School:

My son/daughter, _____, has permission to run off campus for Cross Country .

We, the parent(s)/guardian(s) of the above child/children, assume any responsibility for allowing him/her to participate.

Consent is also given for any licensed physician or surgeon to give medical attention, to administer such treatment, drugs and medicines, and to perform such surgical procedures as he/she thinks the existing emergency requires for the relief of pain, and to preserve his/her life and health.

We, the parent(s)/guardian(s), agree to hold Mother Lode Christian School harmless from any and all claims of any nature arising out of or in connection with this sport.

Date

Parent(s)/Guardian(s) Signature

Emergency contact Name and number: _____

Emergency contact Name and number: _____

Emergency contact Name an number: _____

Medical Insurance: Company _____ Policy # _____

Any medical condition or limitations for Teacher to be aware of: _____

Medicine to be with student or teacher while off campus: _____

Athletic Director: Donnie Wright 928-4126 ext 129