



# MOTHER LODE CHRISTIAN SCHOOL

18393 Gardner Avenue, Tuolumne CA 95379

Office: 209-928-4126 | FAX: 209-928-4613 | Website: [www.motherlodechristian.com](http://www.motherlodechristian.com)

## MLCS Sports Permission Slip

Dear Parents,

With your permission, your son/daughter, \_\_\_\_\_, will be participating in the following Sports with Mother Lode Christian School:

☐ Volleyball   ☐ Basketball boys/girls   ☐ Wrestling   ☐ Cross Country  
(Please mark all that apply to your son or daughter)

**PLEASE ARRANGE TO PICK UP YOUR CHILD/CHILDREN AT THE PROPER TIMES TO AND FROM THE SPORTING ACTIVITY FOR GAMES AND PRACTICES.**

**To the Principal of Mother Lode Christian School:**

My son/daughter, \_\_\_\_\_, has permission to participate in: ☐ Volleyball   ☐ Basketball: boys/girls   ☐ Wrestling   ☐ Cross Country   ☐ Track  
(Please mark all that apply to your son or daughter)

For the school year 20\_\_\_\_ - 20\_\_\_\_\_.

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 shall think the existing emergency requires for the relief of pain, and to preserve his/her life and health.

We, the parents/guardians, agree to hold Mother Lode Christian School harmless from any and all claims of any nature arising out of or in connection with this activity.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

Emergency contact Name and number: \_\_\_\_\_

Emergency contact Name and number: \_\_\_\_\_

Emergency contact Name and number: \_\_\_\_\_

Donnie Wright – Athletic Director 928-4126 ex 129 [dwrightmlcs@gmail.com](mailto:dwrightmlcs@gmail.com)

**Yes / No** – I have \_\_\_\_\_ seatbelts available and will be willing to drive for this sport.  
I have completed all Insurance and School required fieldtrip documentation. \_\_\_\_\_  
(Parent Initial)

School Office: Yes / No all documentation has/has not been received. \_\_\_\_\_  
Office Worker

Date \_\_\_\_\_