

Tri-Valley High School Athletic Department
46 E. Muskingum Ave
Dresden, OH 43821

TRI-VALLEY ATHLETICS
Permission slip / Insurance Form

Sport _____ Year _____

Name of Student _____ Age _____

Address _____

Phone _____

Date of Birth ____/____/____

PLEASE CHECK ONE OF THE BELOW OPTIONS!!

_____ has insurance

_____ will purchase school insurance

_____ will sign school insurance waiver

_____ has my permission to participate in Tri-Valley Athletics
(name of student)

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Parent / Guardian Signature