

Tri-Valley  
"Lady Dawg"  
Biddy League Volleyball  
2010-2011



Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Do you have a sibling(s) signing up? \_\_\_\_\_

If yes, who? \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size:      YS    YM    YL    YXL  
                         AS    AM    AL    AXL

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\_\_\_\_\_ has my (our) permission to participate in the 2010-2011 Tri-Valley Biddy League Volleyball program. I (we) will not hold Tri-Valley, the coaches, or any persons connected with this program responsible for accidents and/or injury to persons participating therein. I (we) further agree as the parents or legal guardians of this minor child, to hold harmless those people connected with the biddy league volleyball program from any liability caused by any actions or conduct of the child and assume full responsibility for the child's participation in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Fee: \$30.00 per student; \$10.00 each additional sibling**  
**Please make checks payable to Tri-Valley Volleyball Boosters**

***Please Send Fee and Form by August 15<sup>th</sup> to:***

Tri-Valley High School  
Attn. LeighAnn Longaberger  
46 E. Muskingum Avenue  
Dresden, Ohio 43821

Amount Pd: \_\_\_\_\_ Check No./Cash: \_\_\_\_\_ Initial: \_\_\_\_\_ (For Volleyball Boosters' records only)