

Tri-Valley Junior High Girls Soccer

Tri-Valley Junior High Girls Soccer is open to all Tri-Valley District girls entering the 6th, 7th or 8th grade for the 2019-2020 school year. Participants must not be 15 years of age prior to August 1, 2019.

Team selection at this time is dependent on the number of students who register for the program. The possibility exists for try-outs depending on the number involved. If your child does not make the team, the registration fee will be refunded in full.

The tentative date for the first soccer practice is July 2019. At least one parent is required to attend the first practice. Parents will be contacted with an official date and time of this first practice. Physical check-ups by a physician are required in order to participate.

ALL PLAYERS MUST HAVE A PHYSICAL BEFORE THE FIRST PRACTICE. Physicals forms can be found online at www.ohsaa.org or at trivalleyathletics.org under forms.

REGISTRATION DEADLINE IS JUNE 30, 2019. No registration will be accepted after this date unless prior arrangements have been made or there is sufficient number of participants registered. The registration fee must accompany the attached form. Please make check payable to:

Tri-Valley Girls Soccer Boosters and mail to:

Melanie Klotzbach
1757 Innisbrook Lane
Zanesville Ohio 43701-7234

Tri-Valley Junior High Girls Soccer
Soccer Registration

Please Print

Player's Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Work: _____

Grade 2019: _____ PARENT E-Mail: _____

\$100.00 Registration fee payable by check or money order to:

Tri-Valley Girls Soccer Boosters

Parents, we need your help! Transportation will be necessary to and from all games. Concession workers will be required for all home games and parents will be expected to help.

The undersigned as the legal guardian of _____ acknowledges there are risks of physical harm or injury in the game of soccer. Therefore, in consideration for allowing my child or ward to participate in the Tri-Valley Middle School Soccer program, and for other valuable consideration, assume all risks in connection with participation therein. I further release and shall save and hold the Tri-Valley Middle School Soccer program, and its officers and members, harmless from all claims and demands by me or said child associated with participation therein, including but not limited to death or injuries sustained while traveling to and from the Tri-Valley Middle School Soccer program events.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Tri-Valley Junior High Girls Soccer
Permission Slip / Insurance Form

Sport: Soccer

Year: 2019/20

Name of Student: _____

Address: _____

Phone #: _____

Date of Birth: _____ Age: _____

Please Check One:

_____ has insurance

_____ will purchase school insurance

_____ will sign insurance waiver

_____ has my permission to participate in the
Tri-Valley Middle School Girls Soccer Program.

_____ Parent/Guardian Signature

_____ Date