

## Tri-Valley Middle School Girls Soccer

Tri-Valley Middle School Girls Soccer is open to all Tri-Valley District girls entering the 6th, 7th or 8th grade for the 2024-2025 school year. Participants must not be 15 years of age prior to August 1, 2024.

\*\* Please make sure to also fill out the google form and download the band app below so your information can quickly be added to the communication list. Open fields will be starting soon. This will ensure your daughter will be notified of any opportunity available for practice and team building.\*\*



Google Form



Band App

### Tri-Valley Girls Middle School Soccer

Team selection currently 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 June 2024. 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 to participate.

ALL PLAYERS MUST HAVE A PHYSICAL BEFORE THE FIRST PRACTICE. Physicals forms can be found online at [www.ohsaa.org](http://www.ohsaa.org) or at [trivalleyathletics.org](http://trivalleyathletics.org) under forms.

REGISTRATION DEADLINE IS JUNE 30, 2024. No registration will be accepted after this date unless prior arrangements have been made or there is insufficient number of participants registered. The registration fee of \$110.00 must accompany the attached form. Please make check payable to:

**Tri-Valley Girls Soccer Boosters and mail to:**

**Heather Devoll**

**5975 Hillandale Dr**

**Nashport, OH 43830**

Tri-Valley Middle School Girls Soccer  
Soccer Registration Form

Please Print

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Player's Cell Phone: \_\_\_\_\_ Parent's Cell Phone : \_\_\_\_\_

Grade 2024: \_\_\_\_\_

PARENT E-Mail: \_\_\_\_\_

PARENT E-Mail: \_\_\_\_\_

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. If you do not sign up, you will be given a date that you will be assigned.

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, injuries, or illness sustained while participating and traveling to and from the Tri-Valley Middle School Soccer program events.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Tri-Valley Middle School Girls Soccer**  
**Permission Slip / Insurance Form**

Sport: Soccer Year: 2024/25

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

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

Parent 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.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_