

**Tri-Valley High School Instrumental Music Department**  
**46 East Muskingum Avenue**  
**Dresden, Ohio 43821**

**Tri-Valley Marching Band**  
**Permission Slip/Insurance Form**

Year \_\_\_\_\_

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Address of Student \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE CHECK ONE OF THE OPTIONS BELOW!!**

\_\_\_\_\_ has insurance  
\_\_\_\_\_ will purchase school insurance  
\_\_\_\_\_ will sign school insurance waiver

\_\_\_\_\_ has my permission to participate in the Tri-Valley Band Program  
(name of student)

\_\_\_\_\_  
Parent/Guardian Signature