

Petaluma Valley Little League Model Release

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		(Player Name)	,
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		(Address)	
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	(Signature)		(Date)
(If the above i	s a minor, the secti	on below must be complete	ed by a parent or guardian)
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the parent [bove listed minor, hereby g	ive my permission to
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	(Signature)		(Date)
For PVLL use only	<i>'</i>		
Division:	Team:	larsay #:	