



Practice Protocol Awareness Verification (Parents and Guardians)

I certify that I have read all the Santa Clara Safety protocols for practices during the 2020 Little League season resumption. I understand that any breach of these protocols will lead to my son/daughter removal from their team and they will not be allowed to return during the 2020 season.

I understand the purpose of these protocols is to foster a safe environment for all the players on my son's/daughters' team and throughout the league.

I understand that there may be additional protocols that could be handed down by the League Safety Officer.

I understand there will be additional protocols for game situations – should that become an option, and these will be handed out by the League Safety Officer.

I will abide by all protocols deemed necessary by the league.

League/Team Name: _____

Manager/Coach Name (print): _____

Parent Signature & Print: _____

Date: _____

Email: _____

Cell # _____