

Protected Player Form

Date: _____

Team Name: _____

Team: _____

Manager: _____

PLAYER #1 NAME: (Returning or New):

Parent / Guardian Signature:

PLAYER #2 NAME: (Returning or New):

Parent / Guardian Signature:

PLAYER #3 NAME: (Returning or New):

Parent / Guardian Signature:

- Protected players DO NOT have to attend skills day.
- ALL protected players must be declared to the player agent at least 24 hours before the divisional draft. Failure to do so will result in 2 game suspension.
- Please indicate returning or new player on your team.
- Parents and players must be aware, agree and SIGN to be protected.

Manager's Signature:

Date:

Player Agent Signature:

Date:
