

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 (r) eturning or (n)ew player on your team.
- Parents and players **MUST** aware, agree and **SIGN** to be protected.

Manager's Signature: _____ Date: _____

Player Agent Signature: _____ Date: _____