JURUPA GIRLS SOFTBALL
PLAYER PROTECTION ("LOCK") FORM

PLAYER NAME: _____

HEAD COACH: _____

SEASON (*CIRCLE ONE*): SPRING FALL

YEAR: 2020

DIVISION (*CIRCLE ONE*): 6U 8U 10U 12U 14U

I, _____, give permission for my child,

_____, to play for

Coach _____ for the season listed above. I understand my child will be assigned to this coach's roster and will not be entered in the player draft.

Parent Signature _____ Date _____

Coach Signature _____ Date _____

Executive Board _____ Date _____