

West Volusia Youth Baseball

Manager Protect Form

Manager _____

Division _____

Season __ (Spring __ / Fall __) __ 20 __

Parent's signature required as consent for manager to protect their child for the Spring/Fall baseball season noted herein. ****THE PLAYER MUST BE REGISTERED FOR THE SEASON IN ORDER TO BE A PROTECTED PLAYER****

Player _____ Parent Signature _____

Player _____ Parent Signature _____

Player _____ Parent Signature _____

Player _____ Parent Signature _____

Player _____ Parent Signature _____

Player _____ Parent Signature _____

**Dixie Boys Division – 6 protected players

**O'Zone Division – 5 protected players

**AAA Division – 4 protected players

**AA Division – 3 protected players