

Carlsbad Youth Baseball

P.O. Box 4475, Carlsbad, CA 92018

www.carlsbadyouthbaseball.org

CYB Protected Player Consent Form

Players Name: _____

Parent or Legal Guardian: _____

Division (*circle one*): Mustang / Bronco / Pony / Colt

Year: _____ Season: Spring / Fall

I understand that _____ plans to manage in this division and that
Manager's name

he/she has request to have my son/daughter on his/her team as a "protected player" under Rule A3-5 of the CYB Local Rules. I hereby consent to this request.

Signature of parent/guardian

Date

To be completed by team Manager

Is this protected player via sponsorship? YES / NO

If yes, please indicate the name of the sponsor: _____

Indicate the sponsorship level: Team / Banner / Both / Other: _____

Indicate how the sponsorship was paid: Website / Check attached / Other _____