



Citrus Park
Baseball & Softball



CITRUS PARK SPORTS ASSOCIATION

PLAYER PROTECTION (“LOCK”) FORM

Player Name _____

Team Manager Name _____

Season (circle one) Spring Fall

Season Year _____

Division/Age Group (circle one)

Baseball:

T-ball 8U Rookie Minor 12U Major 13-15U Junior 16-18U Senior

Softball:

6U 8U 10U 12U 14U 16U 18U

Consent of Parent/Guardian:

I _____, give permission for my child, _____

to play for Team Manager, _____ for the season and division listed above.

I understand that if this form is approved by the team manager and the drafting committee, my child will be assigned to this Team Manager’s roster and will not be entered in the division draft.

Parent Signature _____ Date _____

Team Manager/Drafting Committee Approval:

Team Manager Signature _____ Date _____

Drafting Committee Approval _____ Date _____

Drafting Committee Approval _____ Date _____