

# DBBI - Parent Consent Regarding a “Protected Player”

I, \_\_\_\_\_; consent for my child

\_\_\_\_\_ to be protected a  
player for the following named coach:

\_\_\_\_\_ Age Division: \_\_\_\_\_

Baseball Season: SPRING 2025

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

Parents – please scan or take a photo of this document after completing and email back as an attachment to the DBBI office email: [info@dbbi.org](mailto:info@dbbi.org)

Contact the DBBI office at the email listed above or call (940)383-7669 if you are having difficulties or are unable to forward. This document must be in the DBBI office **BEFORE Monday FEB. 10<sup>th</sup>**. Your player will still need to participate in their scheduled age division Coach Look.