

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: FALL 2024

_____ 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

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 AUG. 12th**. Your player will still need to participate in their scheduled age division Coach Look.