



TTA Protected Player Consent Form

This form must be turned into _____ by the Coach's Meeting (Draft) on _____.
Affiliate (Town) Name Date

I (Parent/Guardian) _____
Of (Child/Player) _____, hereby give
permission for my child/player to be a protected player on
Coach _____ team, in the _____ age division.

By signing this, I understand that my child/player will hold the designation of protected, and will remain protected to this team (not coach) for the remainder of his/her term in this age group. If, for any reason, the team is disbanded, the child/player will still hold the protected status, unless approved by the TTA State Board of Directors to remove the designation.
(Parent/Guardian) Signature: _____ Date: _____

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permission for my child/player to be a protected player on
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(Parent/Guardian) Signature: _____ Date: _____

No team will be allowed to protect more than a maximum of 3 players. Players are protected as long as they remain on a roster in that age division unless the player returns to the draft. Then the player will lose their protected status. Returning players, that were not protected, are not considered protected players. Protected players must be named each year on a team's official Team Roster.

X _____ X _____
Head Coach's Signature Print Coach's Name

X _____ X _____
Team Name Age Division