



North County Pacific SC

Protected Player Form

Player Name: _____ (Boy/Girl) Age _____

Player Email Address: _____ Birth Date: ____/____/____

By signing this document it is my intention that my son or daughter continue to play on his/her present NCP SC team for the 200__/200__ season.

Present NCP Team: _____

Parent or Guardian Signature: _____

NCP Team Rep. Signature: _____

Team Rep Position with team: _____

Date: _____

