

NYSA 2010

Baseball/T-Ball Freeze Form

Official Freeze/Protect Form

I, _____(print) hereby authorize

_____ as Head Coach in the _____ age group to

Freeze/protect my child _____ (print Child's

Name) as one of his/her players.

By signing this form I fully understand my child will not be required to attend tryouts. I also understand that more than one coach may approach me, however, **I will only sign one form per child.**

Signature of parent: _____ Date: _____