

NYSA BASEBALL
OFFICIAL FREEZE FORM

I, _____ hereby authorize
(Print parent's name)

_____ as Head Coach in the _____ age group to
(Print head coach's name) (Division)

Freeze/protect my child _____
(Print player's name)

as one of his/her protected/frozen players. Each 8U team may freeze up to a maximum of 6 players. Each 10U team may freeze up to a maximum of 6 players. Each 12U team may freeze up to a maximum of 6 players. Each 14U team may freeze up to a maximum of 6 players. (Coaches' kids must be frozen)

By signing this form, I fully understand that more than one coach may approach me, however, I will only sign one form per child.

Signature of parent: _____ Date: _____