

## NYSA Softball 2020

### Official Freeze/Protect Form

I, \_\_\_\_\_ (print), hereby authorize  
\_\_\_\_\_, as Head Coach in the \_\_\_\_\_ age group  
to Freeze/Protect my child, \_\_\_\_\_, as one of his/her  
players.

I understand that more than one coach may approach me; however, **I will only sign one form per child.**

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

---

## NYSA Softball 2020

### Official Freeze/Protect Form

I, \_\_\_\_\_ (print), hereby authorize  
\_\_\_\_\_, as Head Coach in the \_\_\_\_\_ age group  
to Freeze/Protect my child, \_\_\_\_\_, as one of his/her  
players.

I understand that more than one coach may approach me; however, **I will only sign one form per child.**

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_