**2024 NYSA FALL 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 team may freeze up to a maximum of **three** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_