

# NYSA SOFTBALL

## OFFICIAL FREEZE/PROTECT FORM

I, \_\_\_\_\_ hereby authorize  
(Print Parent's name)

\_\_\_\_\_ as Head Coach in the \_\_\_\_\_ division to  
(Print Head Coach's name) (Division)

freeze/protect my child \_\_\_\_\_  
(Print Player's name)

as one of his or her protected/frozen players. Each team may freeze up to a maximum of **SIX** players.  
(Coach/Asst. Coach's kids are counted as a mandatory freeze.)

I understand that more than one coach may approach me to freeze my player(s), however, by signing this form I acknowledge I will only sign one form per child to an intended Head Coach in the division the player will be playing in.

Signature of parent: \_\_\_\_\_

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