

Freeze Authorization Form

Gulf Coast Girls Softball Association P.O. Box 2084, Gulfport, MS 39505 (228) 697-6905 www.gulfcoastsoftball.net			Please select all that apply <input type="checkbox"/> 6U T-Ball <input type="checkbox"/> 12U Major <input type="checkbox"/> 8U Rookie (CP) <input type="checkbox"/> 16U <input type="checkbox"/> 10U Minor		
Player's Name		Parent's Name		Coach's Name	
Fiscal Year	Team Name		Parent's Phone #		Coach's Phone #
Freeze Information					
<p>A freeze form is used for a coach to "freeze" a player on his / her team. It is used in ages 8-16 (ages that have actual drafts). Each coach get two freezes, his child and an assistant coach's child. If the coach secures a sponsor (\$400) they gets a third freeze.</p>					
Please fill out the following information					
I, _____ (parent) give permission to Coach _____ of team _____ to freeze my child _____.					
Parent and Coach must sign form					
Parent's Signature				Date	
Coach's Signature				Date	