

**PEMBROKE LAKES OPTIMIST
PLAYER/TEAM FREEZE CONSENT FORM**



Notice to Parents:

By signing this form you are granting permission for the head coach listed below to freeze your child on their team. This means your child will play for the head coach listed below for that specified season. Your child does not need to attend tryouts. Once you have signed this Freeze Form, your child will be obligated to play for that head coach. If for any reason, you change your mind after signing this Freeze Form; your child will be placed in the draft and the child will not be allowed to be frozen by another head coach. **No exceptions.**

THIS APPLICATION IS FOR:

PLAYER NAME: _____ DIVISION: _____

HEAD COACH: _____ TEAM NAME: _____

CHECK SEASON: SPRING () or FALL () INSERT YEAR: _____

CHECK TYPE OF FREEZE: PLAYER FREEZE () or TEAM FREEZE ()

SIGNATURES REQUIRED

PARENTS SIGNATURE

DATE

HEAD COACH SIGNATURE

DATE

Coaches must have consent signed and present prior to draft for all freezes.

PLEASE NOTE: The **PLAYER FREEZE** is always in the **1st ROUND** slot, the **COACHES CHILD** is in the **SECOND** slot and the **TEAM FREEZES** are in the **3rd and 4th** slot. A player freeze can be replaced **ONLY** if a child leaves the park.

*****No Freeze form is needed for Head coaches son.**

******Freeze Form is needed for Assistant Coaches son.**