



Dacula Baseball

Player Freeze Consent

Effective For:	Season: <input type="checkbox"/> Spring <input type="checkbox"/> Fall Year _____
Player Name:	
Consenting Parent Printed Name:	
Coach Name:	

By signing this form, I give consent for the coach listed above to “freeze” my child/player during the seasonal draft for their team. This means my child will not have opportunity to be picked by other coaches for their team during the draft process. While this does not guarantee your child will be frozen to the above team, signing of this document gives authorization for the coach to exercise the freeze should they choose to do so in establishing their team.

This form is only in effect for the season listed above.

Signed: _____ Date: _____