



SPRING 2024 – PLAYER FREEZE FORM

Form to Be Submitted by Head Coach

ALL REQUESTS ARE SUBJECT TO APPROVAL OF THE TEAM BALANCING COMMITTEE



Freezes Allowed Per Division

(allowed number of players includes coach's child):

U8 & U10: 2

U12: 3

U14: 5

PLAYER REQUEST GUIDELINES (PLEASE READ)

- Coaches may request players in addition to his/her own child based on the freeze number allowed for the division.
- Player(s) **MUST be registered** and NOT on the waitlist.
 - If a player is on the waitlist, player must become active and OFF the waitlist, with fees paid in full, PRIOR to January 26th.
- Once teams are formalized and final, we will **not** be able to honor the request of any player(s) listed on this form that comes off the waitlist.
- Teams shall be balanced based on player's previous fall/spring season rankings and evaluation day results as well as any effects from coach's player's request.
- Form **MUST** be signed by the player's parent you wish to freeze.
- Submission of the instant freeze form does not guarantee you will be assigned a team.

Division: **BU** _____ OR **GU** _____

Coach's Name: _____ Email: _____

Coach's Cell No.: _____ Alt. Ph. No.: _____

#	Player's Last Name	Player's First Name	D.O.B	Phone #	Registered	LM Resident	Parent Signature
1					Yes/Not Yet	Yes/No	
If coach has a child playing on the team, information for child should be inserted on this row.							
2 (U8 & U10)					Yes/Not Yet	Yes/No	
3 (U12)					Yes/Not Yet	Yes/No	
4 (U14)					Yes/Not Yet	Yes/No	
5 (U14)					Yes/Not Yet	Yes/No	

**Form MUST be submitted via email NO LATER THAN
JAN 22nd to Director of Players at director.players@lmsa.soccer**