



FALL '26 – PLAYER FREEZE FORM



****Form to Be Submitted by HEAD COACH ONLY****

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 JUNE 26, 2026**.
- Player **MUST** attend evaluation/rating day.
- 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 this freeze form **does not guarantee** the player 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 No Not Sure	Yes No	
<i>If coach has a child playing on the team, information for child should be inserted on this row.</i>							
2 (U8 & U10)					Yes No Not Sure	Yes No	
3 (U12)					Yes No Not Sure	Yes No	
4 (U14)					Yes No Not Sure	Yes No	
5 (U14)					Yes No Not Sure	Yes No	

**Form MUST be submitted via email NO LATER THAN
JUNE 15, 2026 to LMSA President at
President@LMSA.Soccer**