



# SPRING '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 **JANUARY 20<sup>th</sup>**.
- 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 No Not Sure	Yes No	
If coach has a child playing on the team, information for child should be inserted on this row.							
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  
JANUARY 16, 2026 to LMSA President at  
President@LMSA.Soccer**