



FROZEN PLAYER CONSENT FORM

Head Coach \_\_\_\_\_ Age Group \_\_\_\_\_ Season \_\_\_\_\_

**Frozen Player No. 1:**

I hereby authorize and approve my child \_\_\_\_\_ to be "frozen" by the coach listed above. I understand that once my child is "frozen", he/she will remain "frozen" until he/she chooses to leave the team or until the team dissolves. This will carry over from year to year. FROZEN PLAYER MUST ATTEND EVALUATIONS.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Frozen Player No. 2:**

I hereby authorize and approve my child \_\_\_\_\_ to be "frozen" by the coach listed above. I understand that once my child is "frozen", he/she will remain "frozen" until he/she chooses to leave the team or until the team dissolves. This will carry over from year to year. FROZEN PLAYER MUST ATTEND EVALUATIONS.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Frozen Player No. 3:**

I hereby authorize and approve my child \_\_\_\_\_ to be "frozen" by the coach listed above. I understand that once my child is "frozen", he/she will remain "frozen" until he/she chooses to leave the team or until the team dissolves. This will carry over from year to year. FROZEN PLAYER MUST ATTEND EVALUATIONS.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_