

PLACENTIA PONY BASEBALL

PLAYER FREEZE FORM

I, _____ Parent or guardian of, _____
(Name of Parent & Guardian) (Child's Name)

do hereby agree to allow my child to be selected and frozen on team

_____ for the _____ season.
(Manager's Name) (Spring or Fall)

I understand that this does NOT include All Stars or any other post-season play.

(Parent or Guardian Signature) (Date)

*** Please fill out the following information if your child was an All Star last year in the league he participated in.

My child was involved in All Stars last year for _____ (name of league) and participated on the _____ team. (name of team)

I, _____ Manager of a _____
(Manager's Name) (Division)

division team do hereby agree to select _____
(Child's name)

to be frozen on my team for the entire regular season noted above. I understand that this does NOT include All-Stars or another other post season play.

(Manager's Signature) (Date)