

LMBA MANAGER FREEZE PERMISSION FORM

Must be Submitted to Division Commissioner or Other Board Member by

January 26th 2026 at 5 pm (ALL DIVISIONS)

DATE: _____

Junior / Senior
CIRCLE ONE

DIVISION: Foal / Shetland / Pinto / Mustang / Bronco / Pony / Colt
CIRCLE ONE

I GIVE PERMISSION FOR: _____
MANAGERS NAME

TO FREEZE MY CHILD: _____
PLAYERS NAME / DATE OF BIRTH

FOR THE _____ **SPRING SEASON / WINTER SEASON.**
YEAR CIRCLE ONE

I UNDERSTAND THAT IF THE ABOVE MANAGER IS NOT GIVEN A TEAM, I WILL BE NOTIFIED AND, MY CHILD WILL PARTICIPATE IN THE MANDATORY EVALUATIONS AND MY CHILD WILL BE PLACED IN THE OPEN DRAFT AS PER THE LMBA LEAGUE RULES.

_____ **DATE:** _____
PARENT / GAURDIAN SIGNATURE

I UNDERSTAND THAT THIS DOES NOT GUARANTEE THAT I WILL BE RATIFIED AND/OR SELECTED AS A TEAM MAANGER. IF SELECTED AS A MANAGER, I AM ELECTING TO FREEZE THE PLAYER REFERENCED IN THIS FREEZE FORM.

_____ **DATE:** _____
SIGNATURE OF PROPOSED MANAGER

Do not write in area below

| | |
|------------------------------|-----------------|
| BOARD APPROVAL: YES / NO | Junior / Senior |
| MANAGER SELECTED: YES / NO | |
| COMMENTS: _____ | |
| _____ | |
| _____ | |
| DIVISION COMMISIONEER: _____ | DATE: _____ |