

## PLEASE USE EXACT NAME THAT IS ON THE CHILD'S BIRTH CERTIFICATE

	FIRST NAME	MIDDLE NAME				AST NAME	JR, SR, etc.				
СНІГР	GENDER MALE  X FEMALE				l. —	RETURNER? HEAD COACH & TEAM TO BE FROZEN BY YES NO					
	SOFTBALL LEA	AGUE (AGE ON 12	/31/2024)	•	8U AGES 5*6, 7	& 8	10U AGES 9 & 10	, 🗆	12U	16U	
I attest the above answers are correct to the best of my knowledge and I hereby give permission for the above named head coach to											
BE COMPLETED BY PARENT / LEGAL GUARDIAN	freeze my child for the 2022 PARA Spring Softball season. I further attest that this freeze form is not considered official u PARA Softball VP, and PARA Softball VP has authority to reject any freeze application.										
SE COMPLETED BY PAF LEGAL GUARDIAN		PLEASE PRINT PARENT OR GUARDIAN NAME					Father Mother Legal Guardian				
인	SIGNATURE OF PARENT OR LEGAL GUARDIAN						DATE OF SIGNATURE MM/DD/YYYY				
ᆼ		Head coach is advised to discuss potential team freezes with PARA Softball VP prior to completing form to ensure there are no unforeseen issues.									
BE COMPLETED BY HEAD COACH	I attest that I am choosing to freeze the above named player and acknowledge that I have not exceeded the maximum number of six (6) freezes as allowed under PARA Softball rules. I further attest that freeze form is not considered official until signed by PARA Softball VP, and PARA Softball VP has authority to reject any freeze application.										
TO BE COMPLET	PLEASE PRINT HEAD COACH NAME										
F		SIGNATURE	OF HEAD COAC	Н			DATE OF SIGNAT	TURE MM/DD/	γγγγ		
SE ONLY											
PARA USE ONLY		SIGNATURE OI	PARA SOFTBAL	L VP			DATE APPROV	/ED MM/DD/YY	YYY		