

Midlothian Youth Basketball Association
2018-2019 Player Freeze Form

Coach _____

Division _____

I am going to freeze the following for the 2018-2019 Season

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

I have contacted the parents of the above players and they have given me permission to freeze their child on my team. The signature of the parents are below to verify that they have agreed to give their son/daughter permission to play for the coach state above.

Player Name _____

Parent Signature _____

Player Name _____

Parent Signature _____

Player Name _____

Parent Signature _____

Player Name _____

Parent Signature _____

Player Name _____

Parent Signature _____

Player Name _____

Parent Signature _____

All Head Coaches/ New Coaches/Head Coach who was an Assistant Coach Previous can Freeze **6 TOTAL Players**.

- a. Head Coaches child counts as 1 freeze
- b. You can have up to two assistant coaches. Their children would each count as a freeze
- c. You can also freeze 2 players who have not played for you in previous season

Again all has to add up to 6 total Freezes