

**Attachment B – Freeze Form**



**Coaches Freeze  
Form 2021 Season**

Coach Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

I've contacted the parent of the player(s) and the parents have agreed to allow the player to be frozen.

Player 1 \_\_\_\_\_ Parent(s) Name \_\_\_\_\_

Player 2 \_\_\_\_\_ Parent(s) Name \_\_\_\_\_

U12 -14 only: Player 3 \_\_\_\_\_ Parent(s) Name \_\_\_\_\_

Please insure your players are in the proper age group (select your age group)

Clinic \_\_\_\_\_

BU8 \_\_\_\_\_

GU8 \_\_\_\_\_

BU10 \_\_\_\_\_

GU10 \_\_\_\_\_

BU12 \_\_\_\_\_

GU12 \_\_\_\_\_

BU14 \_\_\_\_\_

GU14 \_\_\_\_\_

BU16 \_\_\_\_\_

GU16 \_\_\_\_\_

BU19 \_\_\_\_\_

GU19 \_\_\_\_\_