

OPTIMIST CLUB OF MIAMI LAKES

PO BOX 4034 * MIAMI LAKES, FL 33014

PLAYER FREEZE COVER SHEET

I, _____ hereby designate the following players as "Freezes" for the upcoming season. I have obtained the official player freeze release forms with signed authorizations.

PLAYERS WERE FROZEN FROM THE DIVISION/TEAM LISTED BELOW:

T-BALL ~ PINTO (8U) ~ MUSTANG (10U) ~ BRONCO (12U) ~ PONY (14U) ~ COLT (16U)

TEAM NAME: _____

FREEZE FORMS SIGNED BY PARENT/GUARDIAN WITH EMERGENCY CONTACT #'s
MUST BE PROVIDED TO LEAGUE PRESIDENT OR REPRESENTATIVE PRIOR TO
DRAFT

Player # _____ rating _____ page # _____

Player # _____ rating _____ page # _____

Player # _____ rating _____ page # _____

Player # _____ rating _____ page # _____

I certify that the above is an accurate statement and that If I as Manager or my Assistant Coaches have children participating in this Division they are included in this list of frozen players.

Manager's Signature

Date