

OPTIMIST CLUB OF MIAMI LAKES

PO BOX 4034 * MIAMI LAKES, FL 33014

PLAYER "FREEZE" DESIGNATION PARENT AUTHORIZATION FORM

I, _____ as parent or legal guardian of
Print Name

_____ Player # _____ do hereby

authorize Coach _____ to place a designation of
Print Coach Name

"Player Freeze" for the upcoming baseball season. I understand that being designated a Freeze player; the player's name will not be submitted to the draft and therefore not allowed to be selected or play for another team during the next active season.

Please sign below acknowledging your understanding and authorizing the player to receive "Freeze Designation" from the specified coach above.

Parent/Legal Guardian Signature

Date

Phone

Manager's Signature

Date

Phone

League President Signature

Date

Phone