

**2025 NYSA FALL BASEBALL  
OFFICIAL FREEZE FORM**

I, \_\_\_\_\_ hereby authorize  
(Print parent's name)

\_\_\_\_\_ as Head Coach in the \_\_\_\_\_ age group to  
(Print head coach's name) (Division)

Freeze/protect my child \_\_\_\_\_  
(Print player's name)

as one of his/her protected/frozen players. Each 8U team may freeze up to a maximum of 6 players. Each 10U team may freeze up to a maximum of 5 players. Each 12U team may freeze up to a maximum of 4 players. Each 14U team may freeze up to a maximum of 3 players. (Coaches kids must be frozen)

By signing this form, I fully understand that more than one coach may approach me, however, I will only sign one form per child.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_