



# PACE ATHLETIC & RECREATION ASSOCIATION (PARA) 2022 SPRING BASEBALL FREEZE FORM

PLEASE USE EXACT NAME THAT IS ON THE CHILD'S BIRTH CERTIFICATE

<b>CHILD</b>	FIRST NAME		MIDDLE NAME			LAST NAME		JR, SR, etc.
	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	MONTH	DAY	YEAR	PARA RETURNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEAD COACH OF TEAM TO BE FROZEN BY
	<b>BASEBALL LEAGUE</b> (AGE ON 4/30/2022)	PRE-T AGES 3 & 4 <input type="checkbox"/>	T-BALL AGES 5 & 6 <input type="checkbox"/>	COACH PITCH AGES 7 & 8 <input type="checkbox"/>	MINORS AGES 9 & 10 <input type="checkbox"/>	MAJORS AGES 11 & 12 <input type="checkbox"/>	TEENER AGES 13,14&15 <input type="checkbox"/>	

<b>TO BE COMPLETED BY PARENT / LEGAL GUARDIAN</b>	I attest the above answers are correct to the best of my knowledge and I hereby give permission for the above named head coach to freeze my child for the 2022 PARA Spring Baseball season. I further attest that this freeze form is not considered official until signed by PARA Baseball VP, and PARA Baseball VP has authority to reject any freeze application.										
	_____					<input type="checkbox"/> Father			<input type="checkbox"/> Mother		<input type="checkbox"/> Legal Guardian
	PLEASE PRINT PARENT OR GUARDIAN NAME										
_____					_____			_____			
SIGNATURE OF PARENT OR LEGAL GUARDIAN					DATE OF SIGNATURE MM/DD/YYYY						

<b>TO BE COMPLETED BY HEAD COACH</b>	<b>Head coach is advised to discuss potential team freezes with PARA Baseball VP prior to completing form to ensure there are no unforeseen issues.</b>							
	I attest that I am choosing to freeze the above named player and acknowledge that I have not exceeded the maximum number of six (6) freezes as allowed under PARA Baseball rules. I further attest that freeze form is not considered official until signed by PARA Baseball VP, and PARA Baseball VP has authority to reject any freeze application.							
	_____							
PLEASE PRINT HEAD COACH NAME								
_____				_____				
SIGNATURE OF HEAD COACH				DATE OF SIGNATURE MM/DD/YYYY				

<b>PARA USE ONLY</b>	_____				_____			
	SIGNATURE OF PARA BASEBALL VP				DATE APPROVED MM/DD/YYYY			