OPTIMIST CLUB OF MIAMI LAKES

PO BOX 4034 * MIAMI LAKES, FL 33014

PLAYER FREEZE COVER SHEET

I, _____ (Print Coach Name) hereby designate the following players as "Freezes" for the upcoming season. I have obtained the official player freeze release forms with signed authorizations and confirm that the players listed below are eligible to be frozen under the league Freeze rules. (See league website for most current and complete freeze rules.)

Division: _____

Team Name (if available): _____

FREEZE FORMS SIGNED BY PARENT/GUARDIAN INCLUDING PHONE #'s MUST BE PROVIDED TO LEAGUE PRESIDENT OR REPRESENTATIVE PRIOR TO DRAFT.

Player Name: _____ Player # _____ Rating _____ Page # _____

Player Name: _____ Player # _____ Rating _____ Page # _____

Player Name: _____ Player # _____ Rating _____ Page # _____

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

_____ _____ _____

Coach Signature Date Phone