OPTIMIST CLUB OF MIAMI LAKES

PO BOX 4034 * MIAMI LAKES, FL 33014

PLAYER "FREEZE" DESIGNATION PARENT AUTHORIZATION FORM

I, ____________________________(Print Parent Name) as parent or legal guardian of

________________________________ (Print Player Name) Player # ________________ (IF APPLICBALE)

do hereby authorize Coach _____________________________ (Print Coach Name)

to place a designation of "Player Freeze" for the upcoming Flag Football 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
Coach Signature	Date	Phone
Football Commissoner Signature	Date	Phone