

Frozen Player Permission Form



DIVISION: 8U 10U 12U 14U 18U
CIRCLE ONE

I GIVE PERMISSION FOR: _____
MANAGER'S NAME

TO FREEZE MY CHILD: _____
PLAYER'S NAME

I UNDERSTAND THAT IF FOR WHATEVER REASON THE ABOVE MANAGER DOES NOT END UP MANAGING A TEAM OR THE FREEZE DOES NOT GET APPROVED, I WILL BE NOTIFIED AND, MY CHILD WILL BE PLACED IN THE OPEN DRAFT AND SELECTED AS PER THE MGS OFFICIAL RULES.

PARENT/ GUARDIAN SIGNATURE DATE: _____

ONCE THE FORM IS COMPLETELY FILLED OUT THE PARENT MUST TURN THIS INTO A MGS BOARD MEMBER

BOARD APPROVAL: YES / NO

COMMENTS: _____

RECEIVED BY: _____

IN THE EVENT I _____ AM UNABLE TO ATTEND THE DRAFT, I GIVE MY FROZEN
MANAGER

PLAYER'S PARENT _____ PERMISSION TO DRAFT MY TEAM
PARENT

X _____ DATE _____