

Myrtle Grove Player Freeze Form Baseball / Softball / Tee Ball

Player's Name: _____

Team: _____

Date: _____

I, the parent and guardian of the above named player:

- ❖ Acknowledge that this is a request for my child to be on the above team.
- ❖ Acknowledge that every effort on the part of Player Agent and Commissioner to place my child on the requested team.
- ❖ Acknowledge that if the league or team player numbers restrict our ability to red card the above player on the requested team, the commissioner reserves the right to place the above named player into the player draft.

Parent or Guardian Name: _____

Address: _____

Parent or Guardian Signature: _____ **Date:** _____

Head Coach Signature: _____ **Date:** _____

Commissioner Signature: _____ **Date:** _____