

Ola Athletic Association- (Fall 2020) Season Freeze Form

Team Name: _____ Age Group _____ Head Coach's Name: _____

Parents, by completing this form and signing you are acknowledging that you would like your child placed or "frozen" to this team. Parents signatures are required for the player to be frozen.

| | Player Name (First, Last) | Parent Name Printed | Parent Signature |
|---|---------------------------|---------------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |