



YOUTH ASSOCIATION OF NORTH EAST PENSACOLA
2024 FALL PLAYER FREEZE FORM
SPORTSMANSHIP * TEAMWORK * INTEGRITY * COMMITMENT

Team Name : _____ Head Coach Name : _____
 Commissioner Name: _____

****Please mark the selected division of the frozen players below****

| | |
|--------------------------------------|---|
| <input type="checkbox"/> TBall | <input type="checkbox"/> 6U Softball / Tee (if available) |
| <input type="checkbox"/> Coach Pitch | <input type="checkbox"/> 8U Softball |
| <input type="checkbox"/> Minors | <input type="checkbox"/> 10U Softball |
| <input type="checkbox"/> Majors | <input type="checkbox"/> 12U Softball |
| <input type="checkbox"/> Juniors | <input type="checkbox"/> 16U Softball |

ALL PLAYERS MUST BE REGISTERED ONLINE PRIOR TO SUBMITTING FREEZE FORM

| Player Name | Parent Signature/Date | Player Registered Online? |
|-------------|-----------------------|---------------------------|
| 1. | | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> |
| 4. | | <input type="checkbox"/> |
| 5. | | <input type="checkbox"/> |
| 6. | | <input type="checkbox"/> |
| 7. | | <input type="checkbox"/> |
| 8. | | <input type="checkbox"/> |
| 9. | | <input type="checkbox"/> |
| 10. | | <input type="checkbox"/> |
| 11. | | <input type="checkbox"/> |
| 12. | | <input type="checkbox"/> |

NEP BOARD USE ONLY

Date Submitted: _____ Received by: _____
 Approved by (Must be commissioner) : _____ Website Updated : _____