



Chino Girls Fastpitch Manager Freeze
Permission Form

DATE: _____

DIVISION: 6U 8U 10U 12U 14U 18U
CIRCLE ONE

I GIVE PERMISSION FOR: _____
MANAGERS NAME

TO FREEZE MY CHILD: _____
PLAYERS NAME

FOR THE _____, WINTERBALL SEASON.
YEAR

I UNDERSTAND THAT IF THE ABOVE MANAGER IS NOT GIVEN A TEAM, I WILL BE NOTIFIED AND, MY CHILD WILL PARTICIPATE IN THE MANDATORY EVALUATIONS AND MY CHILD WILL BE PLACED IN THE OPEN DRAFT AS PER THE CGF BYLAWS.

PARENT / GUARDIAN SIGNATURE **DATE:** _____

Do not write in area below

<p>BOARD APPROVAL: YES / NO</p> <p>MANAGER SELECTED: YES / NO</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PRESIDENT: _____ DATE: _____</p>
