

TEAM FROZEN PLAYER ELIGIBILITY FORM

Player's Name: _____

Player's Date of Birth: _____

League Involved: _____

Team Involved: _____

Manager of Team Involved: _____

Name of Team and League
player was on previous year: _____

Date: _____

I attest the above answers are true to the best of my knowledge and I hereby give permission for the above named team to freeze my son/daughter.

Signature of Parent: _____

Print Name: _____

Date: _____

I attest that there are no players returning to my roster that were acquired under the TFP Rule any previous year in violation of the maximum number allowed that would make this agreement null and void.

Signature of Team Manager: _____

Print Name: _____

Date: _____

Signature of Park President: _____

Date Approved: _____