



Newnan Youth Athletic Association  
PO Box 71908 Newnan, GA 30271 <> www.nyaa.us

**Travel League Official Freeze Form (10U, 12U, 14U)**

Manager \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

**Notice to Parents**

By signing this form you are giving permission for the above coach to freeze your child to this team. Your child will not attend try-outs but still must register with NYAA. Once you sign this form, your child will be unable to be frozen to another team.

**Do Not Sign** if the coach's name, league and official NYAA stamp are not listed.

PLAYERS NAME	PARENT/GUARDIAN SIGNATURE	TELE#	DATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____