Sharpsburg Youth Football Association
PO Box 1568
Sharpsburg, GA 30277
www.sharpsburgfootball.com

SYFA PROTECTED PLAYER FREEZE FORM

By signing this form, parents are giving their consent and acknowledge that their son or daughter is to be designated as a protected frozen player for the below head coach. By signing this form, parents also understand that their child shall become permanent member of this team until the end of the season or until the SYFA Board releases him.

Head Coach (Select or Rec)	
Assistant Coach	
Assistant Coach	
Assistant Coach	
Assistant Coach	

PLAYERS NAME	PARENT SIGNATURE

The Head Coach of the team submitting this freeze form understands that by signing below and submitting this form to either the Vice President or Athletic Director of the SYFA, he is agreeing that the players listed above *(with parents signature)* will be frozen on his team. Coaches may not change or alter this form once it is submitted by the July 19, 2008 due date.

HEAD COACH'S SIGNATURE: _____