



NWTYFA Player Protection/Freeze Form

Town _____ Age Group _____

Head Coach's Name _____

Note: This form is for the use of the coach. The coach will provide a copy to a parent of the player being protected/frozen. The parent, if in agreement, will sign the form and return it to the coach to be filed.

_____ (Player's Name) ____/____/____ (DOB)

has elected to play for _____ (Coach Name) during the upcoming KYA Football Season and has the consent of the parent and the head coach of the team. Once this form is signed by the parent, head coach, and approved by the league, the player will be considered to be "protected" and/or "frozen. The player will be placed on the team of the head coach.

By signing this form, I agree to the provisions listed above.

_____ Parent signature and date

_____ Coach signature and date Verified
and

authorized by _____, league official, on _____ (date)