

LMBA MANAGER FREEZE PERMISSION FORM

*Must be Submitted to Division Commissioner or Other Board Member by
January 26, 2018 at 5 pm (ALL DIVISIONS)*

DATE: _____

Junior / Senior
CIRCLE ONE

DIVISION: Foal / Shetland / Pinto / Mustang / Bronco / Pony
CIRCLE ONE

I GIVE PERMISSION FOR: _____
MANAGERS NAME

TO FREEZE MY CHILD: _____
PLAYERS NAME / DATE OF BIRTH

FOR THE _____ **SPRING SEASON / WINTER SEASON.**
YEAR CIRCLE ONE

**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
LMBA LEAGUE RULES.**

_____ **DATE:** _____
PARENT / GAURDIAN SIGNATURE

**I UNDERSTAND THAT THIS DOES NOT GUARANTEE THAT I WILL BE
RATIFIED AND/OR SELECTED AS A TEAM MAANGER. IF SELECTED AS A
MANAGER, I AM ELECTING TO FREEZE THE PLAYER REFERENCED IN
THIS FREEZE FORM.**

_____ **DATE:** _____
SIGNATURE OF PROPOSED MANAGER

Do not write in area below

BOARD APPROVAL: YES / NO	Junior / Senior
MANAGER SELECTED: YES / NO	
COMMENTS: _____	

DIVISION COMMISIONEER: _____	DATE: _____