

LMBA MANAGER FREEZE PERMISSION FORM

Must be Submitted to Division Commissioner or Other Board Member by

January 27th 2025 at 5 pm (ALL DIVISIONS)

DATE: _____

Junior / Senior

CIRCLE ONE

DIVISION: Foal / Shetland / Pinto / Mustang / Bronco / Pony / Colt

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: _____