



Fullerton Rangers Youth Soccer Club

FRYSC ♦ 369 S Acacia Ave ♦ Fullerton ♦ CA ♦ (714) 519-3171

20____ - ____ Fall Spring - **PLAYER FREEZE APPLICATION**

I, _____ want to coach a Division B / G U-_____ soccer team.
Print name circle one

I would like to freeze/pre-select the following players.

<u>PLAYER</u>	<u>DOB</u>	<u>PREVIOUS TEAM</u>	<u>PARENT SIGNATURE</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Note: Coaches in Div. U19&U16 – 7 freezes; Div. U14&U12 – 5 freezes; Div. U10, U9&U8 – 4 freezes.
This form is not required for Signature or Club teams (all players for those teams are subject to tryout and selection).**

Please complete all the information on this form. Freeze (pre-selection) requests must be submitted to the Team Formation Committee before the start of late registration.

Coach's Signature

Date