



Fullerton Rangers Youth Soccer Club

FRYSC • 1040 S. Raymond Ave. Ste. C, Fullerton, CA 92831 • 714/526-3772

20__ - __ PLAYER FREEZE APPLICATION

I, _____ want to coach a Division ____ girls/boys soccer team.

I would like to freeze/pre-select the following players for the 20__ season.

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

**Note: Coaches in Div. U19&U16 – 5 freezes; Div U14&U12 – 3 freezes; Other divisions – 2 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 Director of Coaches by the last day of regular registration.

Coach's Signature

Date