



## PARENTAL CONSENT “FREEZE FORM”

I, \_\_\_\_\_, acknowledge that I hereby agree to allow my child, \_\_\_\_\_, to play on the team of Coach \_\_\_\_\_ for the 2024 SKGAA Spring Basketball Season.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Note to Coach:**

Freeze forms must be submitted to Director **PRIOR** to the beginning of evaluations. Forms not submitted in a timely manner will not be considered.