

# Clayton County Parks & Recreation Department Athletic Division Freeze Form

## Please Print

Participant's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Activity/Season/Year: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Did your child play last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If so what team? \_\_\_\_\_

Park Location: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Receipt# \_\_\_\_\_

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SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

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SIGNATURE OF HEAD COACH

DATE

**FREEZE DOES NOT APPLY UNTIL PAYMENT IS RECEIVED.**