



OXFORD RECREATIONAL BASEBALL ASSOCIATION

2026 FREEZE FORM

NAME OF CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MONTH, DAY, YEAR

Please mark one of the following: **(Maximum of 4 freezes)**

- Past Player Freeze – Returning player from previous year’s team
- Assistant’s Child – Maximum of two players allowed

TEAM COACH & DIVISION \_\_\_\_\_

**For this form to be valid, the registration form, registration fee, and freeze form must be received by the ORBA Registrar no later than March 13, 2026.**

I/We agree to let our child play in the Oxford Recreation Baseball Association Baseball League, and I/We understand that he/she will be frozen by his/her manager from last year. I understand that injury may result from my child's participation in this sport. I/We agree not to hold the Oxford Recreational Baseball Association or its officials responsible for events, accidents or injuries incurred while playing baseball. I/We also understand that all league equipment will be returned at the end of the baseball season. Players will be able to keep their uniforms.

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

\_\_\_\_\_  
Address if different from child's

\_\_\_\_\_  
Phone / Emergency Phone

\_\_\_\_\_  
ORBA REGISTRATION NUMBER

\_\_\_\_\_  
Managers Signature Phone: \_\_\_\_\_

Date Received \_\_\_\_\_