



OXFORD RECREATIONAL BASEBALL ASSOCIATION

2025 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 14, 2025.

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 _____