



**La Porte Baseball
Association
Automatic Draft Selection
(Freeze Form)**

Division: _____

Team: _____

Season: Spring 2026

Player's Name: _____

Parent's Name: _____

Manager's Signature

Parent's Signature

LPBA Representative Name
(Print)

LPBA Representative Signature

By signing this form, all parties agree that the child listed above will be placed on the team listed above and will not be traded to any other team for the season listed above unless there is a conflict with LPBA's By Laws.

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