ALBERTA SOCCER ASSOCIATION
The Governing Body of Soccer in Alberta

9023 111 Avenue
Edmonton, AB T5B 0C3

Ph: 780 474 2200
Fax: 780 474 6300

Alberta Soccer Provincial Championships
Replacement Player Form

This form is to be completed and submitted in accordance with the Provincial Competitions Rule Book
Rule 6 Replacement Players. Districts are to submit via email to competitions@albertasoccer.com

Team Name _____

Roster Size _____
(at transfer deadline)

District _____ Club Name _____

Level of Play _____

Replacement Player #1

Name of player being replaced
_____

Unavoidable work, school, or family commitments	Injury or illness	District received proof?

Reason player is being replaced:

Name of replacement player
_____

District _____ Club Name _____

Level of Play _____
Did not qualify for Provincials

Team Name _____

Replacement Player #2

Name of player being replaced
_____

Unavoidable work, school, or family commitments	Injury or illness	District received proof?

Reason player is being replaced:

Name of replacement player
_____

District _____ Club Name _____

Level of Play _____
Did not qualify for Provincials

Team Name _____

Replacement Player #3

Name of player being replaced _____

	Unavoidable work, school, or family commitments	Injury or illness	District received proof?
Reason player is being replaced:			

Name of replacement player _____

District _____ Club Name _____ Level of Play _____

Team Name _____ *Did not qualify for Provincials*

Replacement Player #4

Name of player being replaced _____

	Unavoidable work, school, or family commitments	Injury or illness	District received proof?
Reason player is being replaced:			

Name of replacement player _____

District _____ Club Name _____ Level of Play _____

Team Name _____ *Did not qualify for Provincials*

The undersigned hereby certify that they have read and understood the criteria outlined in the current year's competition rule book *section 6 Replacement Players*, and the requested replacement player(s) meet all criteria. If any special dispensation is being requested, this form is accompanied by a written explanation of the situation, evidence of efforts made to use eligible replacement players and reasoning for the request.

Team Representative Signature _____

District Signature _____

Date Submitted _____