



Alberta Soccer Provincial Championships Replacement Player Form

This form is to be completed and submitted in accordance with the Provincial Championship Rule Book 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of replacement player _____

Player DOB (YY/MM/DD) _____ Club Name _____ Level of Play _____
Did not qualify for Provincials

District _____ 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of replacement player _____

Player DOB (YY/MM/DD) _____ Club Name _____ Level of Play _____
Did not qualify for Provincials

District _____ Team Name _____



Replacement Player #3

Name of player being replaced _____

Reason player is being replaced:

Unavoidable work, school, or
family commitments

Injury or illness

District
received
proof?

Name of replacement player _____

Player DOB
(YY/MM/DD) _____

Club Name _____

Level of Play _____

District _____

Team Name _____

*Did not qualify for
Provincials*

Replacement Player #4

Name of player being replaced _____

Reason player is being replaced:

Unavoidable work, school, or
family commitments

Injury or illness

District
received
proof?

Name of replacement player _____

Player DOB
(YY/MM/DD) _____

Club Name _____

Level of Play _____

District _____

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 championship 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 _____