



INJURY REPLACEMENT FORM

Please ensure you are familiar with the Injury Replacements Rules on page 25 of the Softball Saskatchewan Handbook or if this pertains to Canadians or Westerns then page 40 of the Handbook.

Team Name: _____ Category of Provincials Entered: _____

Town City: _____

Head Coach: _____ Email: _____ Cell: _____

Injured Player Information:

Name: _____ Town/City: _____

Date of Injury: _____

Nature of Injury: _____

Must attach a signed note from a Medical Doctor to this form.

Replacement Player Information (This player must already be affiliated):

Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Cell: _____

Association or Team Affiliated with: _____

The replacement player cannot be on another Provincial Roster.

Date Submitted: _____

Head Coach Signature: _____