



INJURY REPLACEMENT FORM

Please ensure you are familiar with the Injury Replacements Rule in the Softball Saskatchewan Handbook

Date Submitted: _____

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 Practitioner to this form.

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

Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____

Association or Team Affiliated with: _____

The replacement player cannot be on another Provincial Roster.