



INJURY REPLACEMENT FORM

Please ensure you are familiar with the Injury Replacements Rules on page 33 of the Softball Saskatchewan Handbook or if this pertains to Canadians or Westerns then page 53 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 (The 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: _____