

# DIXIE SOFTBALL, INC.

## TOURNAMENT PLAYER REPLACEMENT AFFIDAVIT

THIS IS TO CERTIFY THAT \_\_\_\_\_  
Full Name of Player

a member of the \_\_\_\_\_ League, City \_\_\_\_\_ State \_\_\_\_\_

Tournament team will be unable to participate in the 20\_\_\_\_ Dixie Softball tournament program because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHECK PROPER AGE DIVISION

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Sweetees | <input type="checkbox"/> Ponytails |
| <input type="checkbox"/> Darlings | <input type="checkbox"/> Belles    |
| <input type="checkbox"/> Angels   | <input type="checkbox"/> Debs      |

\_\_\_\_\_  
Signature of Parent or Guardian

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### LEAGUE CERTIFICATION

Following an investigation of the above, I hereby approve the replacement of \_\_\_\_\_  
Name of Player Being Replaced

by \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Full Name of New Player

Date of birth \_\_\_\_\_ League \_\_\_\_\_ Season Team \_\_\_\_\_

I hereby certify that the date of birth of \_\_\_\_\_  
New Player is correct and has been substantiated by birth

certificate, Hospital Record or National Headquarters Statement in lieu thereof. I further certify that the player listed above resides within the League's boundaries as set forth in the 20\_\_\_\_ Dixie Softball Rules for local leagues, and has played in at least 9 scheduled games in his league in accordance with the 20\_\_\_\_ TOURNAMENT REGULATIONS.

Signature \_\_\_\_\_  
League President or Representative as registered with Dixie Softball, Inc. For Current Season

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of League \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### COMMISSIONER, STATE DIRECTOR OR DISTRICT DIRECTOR

I have inspected the birth certificate of \_\_\_\_\_  
Full Name of New Player and it is in my opinion acceptable according to the rules of Dixie Softball, Inc. Replacement as requested above is hereby approved.

Signature \_\_\_\_\_

Address \_\_\_\_\_

District \_\_\_\_\_

\_\_\_\_ The original replacement form must be attached to the white copy of the 20\_\_\_\_ Tournament Affidavit