



ALBERTA SOCCER ASSOCIATION
The Governing Body of Soccer in Alberta

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Alberta Soccer Provincial Championships Replacement Player Form

This form is to be completed and submitted in accordance with the Provincial Competitions Rule Book
Rule 6 Replacement Players. 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: _____

Name of replacement player _____

District _____ Club Name _____ Level of Play _____
Did not qualify for Provincials

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: _____

Name of replacement player _____

District _____ Club Name _____ Level of Play _____
Did not qualify for Provincials

Team Name _____



Replacement Player #3

Name of player being replaced

Unavoidable work, school, or
family commitments

Injury or illness

District
received
proof?

Reason player is being replaced:

Name of replacement player

District

Club Name

Level of Play

*Did not qualify
for Provincials*

Team Name

Replacement Player #4

Name of player being replaced

Unavoidable work, school, or
family commitments

Injury or illness

District
received
proof?

Reason player is being replaced:

Name of replacement player

District

Club Name

Level of Play

*Did not qualify
for Provincials*

Team Name

The undersigned hereby certify that they have read and understood the criteria outlined in the current year's competition 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