

# RANGER YOUTH BASEBALL, INC.

## TOURNAMENT PLAYER REPLACEMENT AFFIDAVIT

This is to certify that \_\_\_\_\_  
Full Name of Player

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

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

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

\_\_\_\_\_  
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 \_\_\_\_\_ is correct and has been substantiated by birth  
New Player

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\_\_\_\_ Ranger Youth Baseball 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 Ranger Youth Baseball, Inc. for Current Season

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

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

## STATE CHAIRMAN OR DISTRICT DIRECTOR

I have inspected the birth certificate of \_\_\_\_\_ and it is in my opinion acceptable according to the rules of Ranger Youth Baseball, Inc. Replacement as requested above is hereby approved.

Signature \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

The original replacement form must be attached to the white copy of the 20\_\_\_\_ Tournament Affidavit. Pink copy of same shall be mailed to the Commissioner's Office, and yellow copy to be mailed to the State Director.