

DYB, 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 2023 DYB 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 2023 Dixie Youth Baseball Rules for local leagues, and has played in at least 9 scheduled games in his league in accordance with the 2023 TOURNAMENT REGULATIONS.

Signature _____
League President or Representative as registered with Dixie Youth Baseball, Inc. for Current Season

Address _____ City _____ State _____

Name of League _____ Telephone _____

COMMISSIONER, STATE DIRECTOR OR DISTRICT DIRECTOR

I have inspected the birth certificate of _____ and it is in my opinion acceptable according to the rules of DYB Inc. Replacement as requested above is hereby approved.

Signature _____ District _____

Address _____

The original replacement form must be attached to the white copy of the 2023 Tournament Affidavit.