

DIAMOND YOUTH BASEBALL/SOFTBALL

TOURNAMENT PLAYER REPLACEMENT AFFIDAVIT

This is to Certify that _____
Full Name of Player

a member of the _____ League, # _____ City _____ State _____

Player will be unable to participate in the 2024 DYB, Inc. (DYB or DYS) tournament play 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 a
New Player
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 DYB, Inc. (DYB or DYS) Rules for leagues, and has played in at least 9 scheduled games in his league in accordance with the 2024 DYB or DYS TOURNAMENT REGULATIONS.

Signature _____
League President or Representative as registered with DYB, Inc.(DYB or DYS) 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. (DYB or DYS). Replacement as requested above is hereby approved.

Signature _____ District _____

Address _____

The original replacement form must be attached to the 2024 Tournament Affidavit.