

## RINGETTE BC TEAM ADJUSTMENT FORM

The purpose of this form is to request player pick-ups for injured athletes or athletes who are unable to attend Sanctioned Events.

### \*Important Details\*

This electronic form is to be completed no later than fourteen (14) days prior to the start of competition.

Ringette BC will file your team adjustment information with the event host.

You will be contacted by Ringette BC with the decision regarding your team adjustment request.

If this form is being submitted past the 14 day deadline you must send copies to both the Event Host and Ringette BC office.

It is your responsibility to be familiar with the player pick-up rules and eligibility, and that you do not exceed the maximum allowable players or games as per Ringette BC policy. See Policy Manual Section D. Registration and Team Formation, sub-section 5.1 Player Pick Up.

**TAF Forms are submitted to Technical Director at [technicaldirector@bcringette.org](mailto:technicaldirector@bcringette.org)**

### Application Details:

Event:	Association:
Team:	Division/Caliber:
Head Coach:	Email Address:
Date Form Submitted:	Form Submitted by:

### Player Pick Up Information:

<b>Absent Athlete #1</b>	Name:
Reason for Absence:	
Doctor's Note Attached (injury replacement):	
<b>Replacement (Pick-Up) Athlete #1</b>	Name:
Date of Birth:	Current team:
Current division:	Current caliber:
Current Team Head Coach has been contacted:	
<b>Absent Athlete #2</b>	Name
Reason for Absence:	
Doctor's Note Attached (injury replacement):	
<b>Replacement (Pick-Up) Athlete #2</b>	Name:
Date of Birth:	Current Team:

Current Division:	Current Caliber:
Current Team Head Coach has been contacted:	
<b>Absent Athlete #2</b>	Name:
Reason for Absence:	
Doctor's Note Attached (injury replacement):	
<b>Replacement (Pick-Up) Athlete #3</b>	Name:
Date of Birth:	Current Team:
Current Division:	Current Caliber:
Current Team Head Coach has been contacted:	
<b>Absent Athlete #4</b>	Name:
Reason for Absence:	
Doctor's Note Attached (injury replacement):	
<b>Replacement (Pick-Up) Athlete #4</b>	Name:
Date of Birth:	Current Team:
Current Division:	Current Caliber:
Current Team Head Coach has been contacted:	
<b>Absent Athlete #5</b>	Name:
Reason for Absence:	
Doctor's Note Attached (injury replacement):	
<b>Replacement (Pick-Up) Athlete #5</b>	Name:
Date of Birth:	Current Team:
Current Division:	Current Caliber:
Current Team Head Coach has been contacted:	