



# Overage Exemption Application

---

Season: 2026 District: \_\_\_\_\_

## Association Information

Association Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Category/Category:  U15C     U17C     U20C

## Overage Player Information

Player's First Name: \_\_\_\_\_

Player's Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

This player intends to:

Pitch

Catch

## Rationale for Overage Placement

Overage exemptions are available only when needed to form a viable team OR when an association does not have enough players to form an age-appropriate team.

Please describe the reason(s) this player is being placed on a team in a younger age category (e.g., team viability, player retention, local participation challenges):

---

---

---

---

---

---

---

---

## Association Declaration

I confirm that this team is the highest available age category team available for this player within our association. As such, this player has no other participation opportunity readily available to them.

Association President's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Player Consent (only if 19 yrs of age)

I, the undersigned, consent to participate on a team in a younger age category in accordance with the Softball BC Rural Overage Exemption guidelines. **I understand that I am ineligible to participate in District Playdowns, Provincials, Western Canadians, and Canadian Championships with this team.** I understand that I remain eligible to be picked up for Provincial, Western Canadians, and Canadian Championships by a team in an age category in which I would otherwise be eligible to play.

Player's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Consent (if player is 18 yr or younger)

I, the undersigned, am the parent/guardian of the above-named player and consent to their participation on a team in a younger age category in accordance with the Softball BC Rural Overage Exemption guidelines. **I understand that the above-named player is ineligible to participate in District Playdowns, Provincials, Western Canadians, and Canadian Championships with this team.** The above-named player remains eligible to be picked up for Provincial, Western Canadians, and Canadian Championships in an age category in which the player would otherwise be eligible to play.

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## District Minor Coordinator Approval

District Minor Coordinator Name: \_\_\_\_\_

- I have reviewed this application and support this overage placement in accordance with Softball BC policy.
- I have reviewed this application and DO NOT support this overage placement for the following reason(s):

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Minor Advisory Council Approval

Date Reviewed: \_\_\_\_\_

- Approved
- Not Approved

Comments:

---

---

---

---

Minor Advisory Council Chair's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_