

# URSA NON-RECOVERING PLAYER FORM

**If you do not meet the eligibility requirements as outlined in section 1 of "URSA Eligibility, Rules & Procedures" you must complete, submit and return this form to [utahrecoverysoftball@gmail.com](mailto:utahrecoverysoftball@gmail.com)**

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

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **REASON FOR NON-RECOVERING PLAYER:**

1. I am a family member of a recovering player.

My relationship to player \_\_\_\_\_

Recovering Player's Name \_\_\_\_\_ Team \_\_\_\_\_

## **OR**

2. I am treatment center staff:

Treatment Center Name \_\_\_\_\_ Team \_\_\_\_\_

## **Please Sign Below**

The signature below certifies that the undersigned will conform to all URSA rules and by-laws.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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