|  |  |
| --- | --- |
|   | Age Dispensation Form – Playing Up*This form is to be completed by the Club of any player who is seeking dispensation, under 4.7 (d) of the AFL NSW / ACT Regulations, to play up a Competition Age Group. When completed, the form is to be submitted to the* ***Football Operations Co-ordinator AFL Sapphire Coast.***  |

## PART A – Player Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Player Details | **Name** |  | **Height (cms)** |  |
| **D.O.B** |  | **Weight (kgs)** |  |
|  |
| Club Details & Age Group | **Club Name** |  |
| **Actual Age Group (eg U14s)** |  | **Age Group Requested** |  |
|  |
|  |
| Experience | **Years Playing AFL** |  |
| **Age Groups Played In** |  |
| **Detail why player is capable of playing up an Age Group** |  |

## Part B – Parent / Guardian Consent

|  |  |  |
| --- | --- | --- |
| Declaration & Signature | **Declaration** | *I give permission for [insert player name] to participate in the Age Group Requested in Part A above**As parent(s) / Guardian(s), I/we accept full responsibility for the [insert player’s name] playing in the Age Group Requested in Part A above.* |
|  |
| **Name Parent / Guardian 1** |  | **Phone** |  |
| **Signature** |  | **Date** |  |
|  |

## Part C – Club Declaration & Signatories

|  |  |  |
| --- | --- | --- |
| Club Person Completing Form | **Name** |  |
| **Role** |  | **Phone** |  |
|  |  |
| Declaration & Signature | **Declaration** | *I believe, to the best of my knowledge, that all of the information contained in this document is true and accurate.* |
|  |
| **Signature** |  | **Date** |  |

## Board Determination

|  |  |
| --- | --- |
| Decision | *The application for age dispensation has been assessed by the Board and the following decision made:* |
|  | Dispensation is granted, subject to any conditions specified below: | [ ]  |
|  | Dispensation is declined for reasons specified below: |[ ]
|  |  |
| Conditions / Reasons |  |