PARENTAL CONSENT

REQUEST FOR PLAYING UP

This authority is not required for:

- Players wishing to play in the next age group one year above their age (eg player's age 12 any time this year eligible for under 12's but wants to play under 14's).

This authority is required for:

- If your child wishes to play up in an age group more than one year above their age (eg player's age 11 any time this year eligible for under 12's but wants to play under 14's or higher age group)please fill out the below information.
- A child 17 years of age and under who wishes to play Seniors must have a parent complete this authority.

As Parent/Guardian of:

…….. (insert players name) **DOB:** …….
First Name Surname

Who plays for the ……...
(insert club name)

In the……**Age Group**
(eg under 11's)

I give permission for him/her to participate in the ……. **age group in the AFLSC competition.**
(insert upper most age group you give permission for your child to play)

I understand that my son/daughter is still covered by the AFLSC insurance policy,

As parent, I accept full responsibility for the child playing up to the nominated higher age group.

PARENT/GUARDIAN AGREEMENT

I, …….. **agree to the above conditions.**
(print parent/guardian's name)

Signed: …….. **Date:** ……
(parent/guardian's signature)