PLAYING DOWN EXEMPTION APPLICATION

☐ **Junior (U8-U11) Application - An assessment will be completed prior to the application being approved.**

☐ **Youth (U12-U17G) Application - Please note applications for <u>Youth Football (under 12-16)</u> will only be considered on medical/health grounds (medical certificate required with application).**
Or player born in October, November or December of the year above the age group they wish to play in i.e. player turning 17 wishing to play in Under 16 competition. Representative players are not eligible.

ALL FIELDS MUST BE COMPLETED

Club	
First Name	Surname
Address	
Phone No.	Email Address

Date of Birth	Height	Weight

Age Group (by DOB)		Age Group wishing to play	

Please list previous AFL experience (include Auskick, Club football, School football, etc.)

Please list any limitations (medical, physical, etc.)

State Reason(s) for making this application:

_____ Signature of player (not compulsory for 6-11)

_____ Signature of parent/guardian

_____ Name of club official

_____ Signature of club official

_____ Position of club official (MUST be President or Secretary)

_____ / _____ / _____ Date

Completed form with relevant documents must be sent by the <u>CLUB</u> to the Competition Manager