

# AFL Goldfields Female Football Overage Exemption Application Form



This Overage exemption is to be implemented for the purpose of allowing overage players (players who meet the AFL Goldfields Overage Player criteria) to play in the Under 18 and Under 13 competitions allowing the Club and player the opportunity to participate in a Female Football competition.

All applications will be approved/rejected at the Female Football Managers discretion.

Any player accepted for overage status will be assessed in the areas outlined below and on their ability to influence the result on any given day.

#### **Key Assessment Areas**

- 1. Ability to influence a game
  - Gross Motor Skills
  - Coordination
  - Speed and Agility

#### 2. General Football Skills

- Marking
- Kicking
- Ball Handling

#### 3. Ability to influence others

- Conduct Plays in accordance with AFL Victoria Country, AFL GOLDFIELDS & Club Codes of Conduct
- Behavior Does not display an aggressive nature towards other players (Strict adherence to this behavior Code of Conduct will be enforced)

#### **Key Assessment Criteria**

- The Player must have played with the club in the previous season or have never played football before. For
  players who do not fit this criteria, special application must be made to the AFL Goldfields for consideration to
  play.
- All overage players' names will be forwarded to all other clubs prior to the season's commencement and are
  ineligible for any league awards or representative opportunities.
- Overage exempt players would be eligible to play finals providing that they meet the normal AFL Goldfields finals criteria.
- All Eligible age registered players must be selected before an "overage" exempt player.
- All Overage players <u>will</u> be monitored by the AFL Goldfields as to their ability and if there is any doubt as to their ability being of an adequate standard their exemption may be revoked.
- Any Overage player may and are encouraged to play games in the appropriate higher grade, where numbers allow.
- A Club representative & the player must sign the application form to acknowledge the requirements of an overage player prior to being granted permission to play as an overage player.

<u>NOTE</u>: The names of any players applying for overage status must be submitted to the league <u>by the 31<sup>st</sup> May 2017</u>. All overage players' names will be forwarded to all other clubs by the Friday 2<sup>nd</sup> June 2017 and these players will be ineligible for any league awards or representative opportunities. **Any overage players must be listed on the team sheet with an asterix (\*).** 



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The following player wishes to be considered for overage status in order to participate in the AFL



### PLAYER EXEMPTION FORM

To be submitted to the League

Goldfields	Competition for season	2017:									
Player Deta	ails										
Team Name:											
Player Name:											
Player Address:											
Suburb:					Post Code:						
Phone Contacts (h)				(m)							
Email:											
Player Age:	Birth: :	rth: :									
Please rate the player's ability based on the following assessment criteria (1 being Low & 5 being High)											
Ability to influence a Game					3	4	5				
Gross Motor Skills     Coordination											
3. Speed & A											
General Football			1	2	3	4	5				
1. Marking 2. Kicking											
2. Kicking 3. Ball Handl	ina										
Ability to Influence	ce Others		1	2	3	4	5				
Conduct - Plays in accordance with AFL Victoria Country,     AFL Goldfields & Club Codes of Conduct											
	<ul> <li>Does not display an aggressive nature t</li> </ul>	owards									
other playe											
Medical Issues (if t	he application is being made on medical g	grounds ple	ease atta	ach a	letter	from	a doc	tor <u>)</u>			
Seasons Played:											
Club Awards:											
League Awards:											
Rep Squads:											
Parents											
Statement:											
·											
·											



### AFL Goldfields Female Football Overage Exemption Application Form



arents	Name:			Parents Signat	ure:	
	Coordinator					
atemei	nt:					
oach/C	Coordinator Name:			Coach/Coord	inator Signat	ture:
TURN	<u>  TO:</u>					
	AFL Goldfields Female Football PO Box 586, Ballarat VIC 3353		OR	Fax: 5333 3408	OR	Email: krista@aflgoldfields.com.au
This fo	orm, along with the player an	nd her leg	al guardiaı	n, must be sighted an	d signed by th	e Competition or Match Man
		prior to	commenc	ement of play in the o	competition	
<u>. Goldfi</u>	elds Office Use ONLY					
	Date Received	/	/ 2017			
	Checklist			Parent Statement		
	Checklist			Coach / Coordinator S	Statement	
	Checklist			Signed by President		
	Checklist			Letter from Medical Pr	ractitioner	
	Approved	□ YES		□NO	☐ Provisional for	weeks
	Date Club Advised		/ 2017			

AFL Goldfields takes care to ensure the confidentiality of the information provided to it on this registration form and handles the information provided in accordance with the National Privacy Principles as set out in the Privacy Act.