

**Application for Dispensation**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Football Club makes an Application for

Player’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for dispensation under the AFL State & Territory Age Dispensation Policy to play in (Age Group/Division): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Players Date of Birth: \_\_/\_\_\_\_\_/20\_

Club must include on Club letterhead the Player’s full playing history and details of the player’s disability, including a certificate signed by a Sports Physician or Pediatrician, stating the basis for and reasons to support the request for the Player to play down a Competition Age Group and the qualifications of the person providing the Certificate.

This Application is made by the Club on behalf of the above-named Players by:

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Application is made by the Club at my request and all information supplied is true and correct.

PARENT /GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_

**Email this Application and supporting documents/ certificate to: XYZ@com.au**

**This Age Dispensation Application, if approved, is valid for the current Season only. NOTE; Player must not play in a lower Competition Age Group until written approval from the league is received by the Club.**

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| **For League Use Only:**  **Date Received: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/ 20\_\_\_**  **1 Certificate Received: YES/NO**  **2 Supports Application for Dispensation: YES/NO**  **3 Application Granted: YES/NO**    **Any Conditions/provisos?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **4 If further information required,** |