

PLAYER DISPENSATION FORM

TO PLAY DOWN AN AGE GROUP

PLAYER INFORMATION

Name	
Club/School	
Date of Birth	
Playing Position	
Actual Age Grade (e.g. U18s)	
Requested Age Grade (e.g. U15s)	
Representative Football	Has the player competed in any State or SANFL teams? Y / N If yes, provide details:

ASSESSING LEAGUE REPRESENTATIVE

Name			
Position			
League Representative to assess the player against the following considerations by circling "yes" or "no". If the answer is "no" to any of these considerations, the player shall not be considered capable of competing safely with players in the requested competition.			
Physical Development	Does the player's level of physical development appear to be below that of others in her age group?	Yes	No
Skill Level	Is the player's skill level below that of other players in her age group?	Yes	No
Level of Experience	Does the player have limited or no experience to compete with other players at a comparable standard of competition?	Yes	No
Standard of Competition	Is the standard of competition in the requested age grade competition suitable to allow the player to compete safely?	Yes	No
In my opinion, the player's physical development, skill level and experience is not adequate for the player to compete in her current age group.			
Signature		Date	/ /

PARENT/ LEGAL GUARDIAN CONSENT

I confirm that: a) I am a parent or legal guardian of the above mentioned player, and b) I give my consent for the above mentioned player to play below her age group			
Name			
Signature		Date	/ /

OFFICE USE ONLY

Name		Approved	Yes / No	Date	/ /
------	--	----------	----------	------	-----