



PLAYER DISPENSATION FORM

TO PLAY UP AN AGE GROUP

PLAYER INFORMATION

| | |
|------------------------------------|--|
| Name | |
| Club/School | |
| Date of Birth | |
| Playing Position | |
| Actual Age Grade (e.g. U15s) | |
| Requested Age Grade (e.g. U18s) | |

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 allow the player to compete with players in the requested age grade competition? | Yes | No |
| Skill Level | Is the player's skill level comparable with other players in the requested age grade competitions? | Yes | No |
| Level of Experience | Does the player have the 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 adequate for the player to compete in the requested age grade. | | | |
| 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 above her age group c) I understand that Australian Rules Football is a contact sport, and like all contact sports, players are exposed to risk of injury. I also understand that the level of risk may be heightened where a player participates in a competition above their age grade where the player's physical development, skill level and experience are inferior to that of the players she will play against. In addition to understanding these risks, I also agree, to the extent permitted by law, to waive all claims for liability against any participant (including players, coaches, volunteers and administrators) and release every such participant from all liability that may be incurred in connection with the player's participation in the requested age grade. | | | |
| Name | | | |
| Signature | | Date | / / |

OFFICE USE ONLY

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