



SANFL SCHOOLS EXEMPTION FORM PLAYING DOWN

Please complete all of the below fields, including relevant information in as much detail as possible along with any other necessary documentation attached (Player Lists, Medical Reports, etc.).

Incomplete forms or forms with inadequate information will not be granted.

First Name: _____ Surname: _____

School: _____ Date of Birth: _____

Home Address: _____

Contact Phone: _____ Contact Email: _____

Height (cm): _____ Weight (kg): _____ Year level wishing to Play in: _____

Please list previous Australian Rules Football experience: (Club, School, Auskick etc)

Please tick which of the following reasons is applicable to the application:

- Medical (Please attach relevant medical certificate)
- Height / Weight (Please include percentile in which this player falls into)
- Team Numbers (Please submit a full team list to SANFL including players Dates of Birth)
- Personal/Family (Please state)
- Other (Please state)

With reference to the tick boxes previous, please detail any further reasoning for this application, referencing relevant supporting documents and attachments:

Declaration

I (School Official) _____ have submitted the above application for player _____ to play in the _____ School _____ team this season, for the reasons stated above. I believe that this player meets the necessary criteria, and it is most appropriate for them to play within this age group.

Name of School Official

Signature of Parent/Guardian

Role of School Official

Date

To be completed by the SANFL Schools Competition Coordinator and a copy returned to the school.

SANFL approves the above permit request for the _____ season.

Failure to comply with restrictions as per SANFL Rules and Regulations can result in the permit being revoked at the discretion of SANFL.

SANFL Schools Competition Management

Date

Form to be completed and returned to SANFL Schools PO Box 606 Tynte Street, North Adelaide, SA 5006

Or Nick.harnas@sanfl.com.au