



PLAYING DOWN EXEMPTION APPLICATION

- Playing Down – Players with Disabilities (physical and intellectual)
 - A player with a disability may apply to SANFL Schools Competition Management for permission to play down an age group during the current season.
 - Approval will only be granted if the player submits, with their application to play down, a written authority by a registered Medical Practitioner.
 - The granting of any such request shall apply to the current season only and may be revoked at the discretion of SANFL Schools Competition Management.
- Playing Down – Overage Players
 - Players will only be permitted to play in a competition below their correct age group if a playing down application form is completed and written approval of application is granted by SANFL Schools Competition Management. Teams will be allowed a maximum of three (3) playing down approvals.
 - Approval will only be granted if the player submits, with their application to play down, a written authority by a registered Medical Practitioner.
 - Approval on medical/health grounds will be considered if the player falls below the fifth (5th) percentile for height and/or weight for their age as per the Child Youth Health height/weight percentile charts.
 - The granting of any such request shall apply to the current season only and may be revoked at the discretion of SANFL Schools Competition Management.
- Playing Down – Low numbers
 - Schools may apply for permits based on the following conditions:
 - Team must have less than nine (9) students registered one month before the start of the season.
 - Schools have less than three (3) students register for the higher grade.
 - Maximum of three (3) permits will be provided per team.
 - Permits will be granted at the discretion of SANFL Schools Competition Management
 - Permits may be revoked if SANFL Schools Competition Management deems they are being misused.



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Please complete all of the below fields, including relevant information in as much detail as possible.

Please attach any other necessary documents (Medical Reports etc).

***Note, any application missing relevant information will be discarded.**

Player First Name: _____ Surname: _____

School: _____ Date of Birth: _____

Home Address: _____

Contact Phone: _____ Contact Email: _____

Height (cm): _____ Weight (kg): _____ Age Group 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 Schools including players Dates of Birth)

☐

Personal/Family (Please state)

☐

Other (Please state)

☐

Form to be completed and returned to SANFL Schools PO Box 606 Tynte Street, North Adelaide, SA 5006 or
tash.hudoba@sanfl.com.au



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With reference to the tick boxes previous, please detail reasons for this application, referencing relevant supporting documents and attachments



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Declaration

I (School / Team Official) _____ have submitted the above application for player _____ to play in the _____ (school) _____ (year level) 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.

Parent/ Guardian

Name

Signature

____ / ____ / ____
Date

School / Team Official

Name

Signature

____ / ____ / ____
Date

Principal

Name

Signature

____ / ____ / ____
Date

OFFICE USE ONLY (To be completed by SANFL Schools)

SANFL Schools approve this permit for the 2020 season

Permits may be revoked if SANFL Schools Competition Management deems they are being misused

Signature

____ / ____ / ____
Date