



# AGE 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: \_\_\_\_\_

Club: \_\_\_\_\_ 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 Juniors 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 (Club Official) \_\_\_\_\_ have submitted the above application for player \_\_\_\_\_ to play in the \_\_\_\_\_ Football Club's Under \_\_\_\_\_ 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 Club Official**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Role of Club Official**

\_\_\_\_\_  
**Signature of Player (Not compulsory for U7-U11)**

\_\_\_\_\_  
**Signature of Club Official**

\_\_\_\_\_  
**Date**

**To be completed by the SANFL Juniors Competition Coordinator and a copy returned to the club.**

**SANFL Juniors approves the above permit request for the \_\_\_\_\_ season.**

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

\_\_\_\_\_  
**SANFL Juniors Competition Management**

\_\_\_\_\_  
**Date**

Form to be completed and returned to SANFL Juniors PO Box 606 Tynte Street, North Adelaide, SA 5006  
or [sanfljuniors@sanfl.com.au](mailto:sanfljuniors@sanfl.com.au).