

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:	<u>.</u>	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 Bird	th
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

l (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 c	riteria, and it is most appropriate for them to play wi	thin this age group.	

□ Club acknowledges Parent/Guardian approval for Playing Down Exemption Request

Name of Club Official

**Role of Club Official** 

Signature of Club Official

Date

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

**Please Note**: All permit applications will be reviewed by the SANFL Juniors Team and are subject to Rule 6.9. of the <u>SANFL Junior Competition Rules & Regulations</u>.