



COMMUNITY FOOTBALL

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)



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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.

Club acknowledges Parent/Guardian approval for Playing Down Exemption Request

Name of Club Official

Role of Club Official

Signature of Parent/Guardian

Date

Signature of Club Official

Date

Form to be completed and returned to **ORGANISATION DETAILS**

Please Note: All permit applications will be reviewed by the **Controlling Body** and are subject to the **Controlling Body's By-laws** and the Community Football Rules & Regulations.