



AGE EXEMPTION FORM PLAYING DOWN

Please complete all 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 previous tick boxes, please detail any further reasoning for this application, referring to 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 Club Official

Date

Completed forms should be 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 Management Team and are subject to Rule 6.9. of the [SANFL Junior Competition Rules & Regulations](#)