



Application for Age Dispensation

The _____ Football Club makes this application on behalf of

Player's Full Name: _____

Address: _____

Date of Birth: __/____/20__

for dispensation under the AFL's National Age Dispensation Policy to play in _____
(Age Group/ Division):

The Club must include on Club letterhead the Player's full playing history and details of the player's disability, including a certificate signed by a Medical Specialist stating the basis for and reasons to support this Application in accordance with the National Age Dispensation Policy. The Certificate must include the qualifications of the Medical Specialist.

This Application is made by the Club on behalf of the above-named Players by:

SIGNED: _____ DATE: ____/____/20____

This Application is made by the Club at my request and all information supplied is true and correct.

PARENT /GUARDIAN NAME: _____

SIGNED: _____ DATE: ____/____/20____

Club Secretary to Email this Application and supporting documents/ certificate to:

AFL South East: leigh.buwalda@aflse.com.au

NOTE:

1. The Player must not play in a lower Competition Age Group until written approval from the league is provided.
2. This Application, if approved, is valid for the current Season only.

For League Use Only:	
Date Received:	_____/_____/20____
1 Medical Certificate Received:	YES/NO
2 Supports Application for Dispensation:	YES/NO
3 Application Granted:	YES/NO
Any Conditions/provisos?	_____
4 If further information required,	_____

