



APPLICATION FOR PLAY DOWN UNDER BY-LAW RE DISABILITY
(One form per player)

THE _____ FOOTBALL CLUB (INC.) MAKES AN APPLICATION FOR

PLAYER'S FULL NAME: _____

ADDRESS: _____ P/CODE: _____

TO "PLAY DOWN" UNDER BY-LAW - DISABILITY

TO PLAY IN (AGE GROUP/TEAM): _____

PLAYER'S DATE OF BIRTH: ____/____/____

PLEASE INCLUDE ON CLUB LETTERHEAD THE PLAYERS HISTORY AND DETAILS OF DISABILITY, INCLUDING A MEDICAL CERTIFICATE SIGNED BY A SPORTS PHYSICIAN / MEDICAL PRACTITIONER & STATING THE NATURE OF THE DISABILITY AND RECOMMENDING THAT PLAYER "PLAY DOWN".

THIS APPLICATION IS MADE BY THE CLUB ON BEHALF OF THE AFOREMENTIONED PLAYER BY:

SIGNED: _____ **DATE:** _____
CLUB (PRESIDENT; SECRETARY; REGISTRAR ONLY)

THIS APPLICATION IS MADE BY THE CLUB AT MY REQUEST AND ALL INFORMATION SUPPLIED IS

TRUE AND CORRECT.

PARENT / GUARDIAN SIGNATURE: _____

PLEASE FORWARD ANY PLAY DOWN APPLICATIONS AS SOON AS POSSIBLE. PLAYER MAY NOT PLAY DOWN UNTIL WRITTEN APPROVAL IS RECEIVED BY CLUB.

MAIL OR EMAIL TO:

JUNIOR COMPETITIONS COMMITTEE

OR

MAIL OR EMAIL OR DELIVER BY HAND TO:

UNLESS OTHERWISE STATED THIS PLAY DOWN APPLICATION - IF APPROVED - IS VALID FOR CURRENT SEASON ONLY.

DISTRICT COMPETITION COMMITTEE Use Only:

DATE RECEIVED: ____/____/____

- | | |
|--|-----------------|
| 1. MEDICAL CERTIFICATE RECEIVED: | YES / NO |
| 2. SUPPORTS REASON FOR PLAY DOWN APPLICATION: | YES / NO |
| 3. APPLICATION GRANTED: | YES / NO |
| 4. NEEDS TO APPLY NEXT SEASON: | YES / NO |
| 5. PLAY DOWN VALID FOR - NUMBER OF SEASONS: | 1 / 2 |