WEST AUSTRALIAN FOOTBALL COMMISSION INC.

PERMISSION TO WEAR PROTECTION EQUIPMENT APPLICATION FORM

Player name: _____ District: _____

Club: _____ Team Age: _____

Reason: Medical Advice or Personal Division: _____

Team Name: _____

If the reason is medical, please provide Doctors report: YES / NO

Type of protection equipment: _____

If the reason is personal please provide a brief explanation for the application:

_____

_____

_____

- All protection equipment must be constructed of non-metallic materials.
- Straps should be kept firmly to the equipment and not flailing.
- All protection equipment must be inspected and approved by a Junior Competition Executive member prior to use within fixtures organised by the Junior Competition.

Signed Parent of Guardian: _____ Date: _____

Signed Player *(over 16)*: _____Date: _____

This application for the above player to wear protection equipment was APPROVED by:

Name:_____ Committee Position: _____

Date: _____

Copy to be retained by the player Junior Club Registrar, the Player Team Manager and the District Registrar.

A copy of this form needs to be produced upon request by the Field Umpire officiating the match.

Any doctor's reports should be copied and attached to all copies of this application.