



## Player Dispensation Request

<b>Player's Name (Surname in capitals please)</b> <input type="text"/>		
<b>Home Club</b> <input type="text"/>	<b>Date of Birth</b> / / Day Month Year	<b>Player's age, as at Dec 31 this year</b> <input type="text"/>

**Provide reasons for this request...**

Player Details		
Height (cm)	Weight (kg)	Sex (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Does the player have a disability that you wish to declare?**

This Dispensation Application is to...

Play **Up** an age-group all season.

Play **Down** an age-group all season.

Be available for games in a higher age-group if and when needed.  
Limit: - 4 games per season including playoffs

Be available for a different team of the same grade and age-group if and when needed.  
Limit: - 4 games per season. Does NOT include playoffs.

I declare that the information contained herein is true and accurate to the best of my knowledge I have seen the applicant child personally in training or play and support this Application on behalf of both the applicant and my club..

**Sponsor's Name & Phone # (A Club Official)**

**Sponsor's Signature & Date**

I understand that there are inherent dangers in playing this sport, and that The League's policy of placing children in age-based groups with others of a similar age is designed to mitigate this danger. By agreeing to this Dispensation Request, I understand that I may be placing the applicant child in greater danger than they would otherwise be. I hereby accept that risk on behalf of the subject child and relieve The League and its officers of any liability for injury or loss suffered as a direct result of The League's approval of this Dispensation Request.

**Parent/Guardian Signature & Date**



## Player Dispensation Request

	Age Group	Division (1, 2 or 3)
This player was initially graded by the club to play in....	<b>U/</b>	
This Dispensation instead seeks to allow him/her to play...	<b>U/</b>	

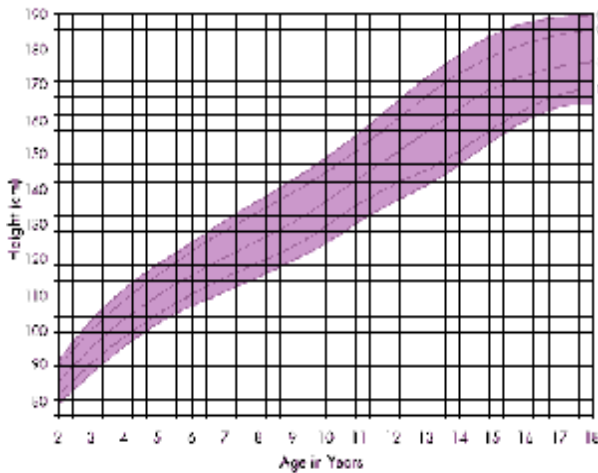
League Use Only.....	
Date received by League.....	
Date considered by DEP ...	
DEP Decision (Allow/Decline) ...	
DEP signature/initials...	
Restrictions imposed ...	

### Assessment .....

Date Assessed .....	
Assessor ...	
Recommendation (allow or not) ...	
Assessor's signature/initials...	
Comments ...	

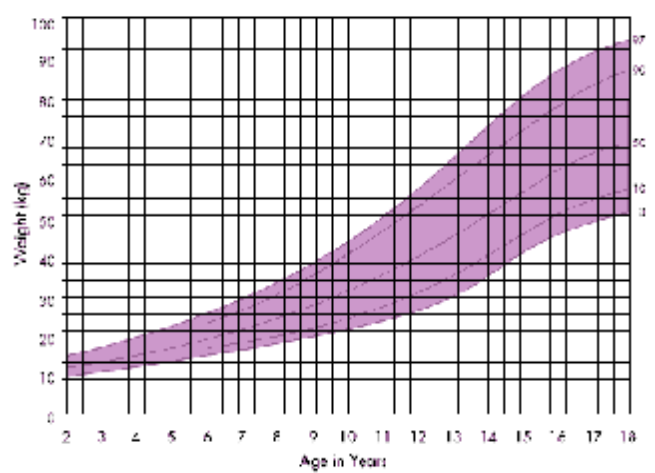
Clearly mark the applicant's height and weight with a cross ("X") on the appropriate charts below.

### Boys - Height

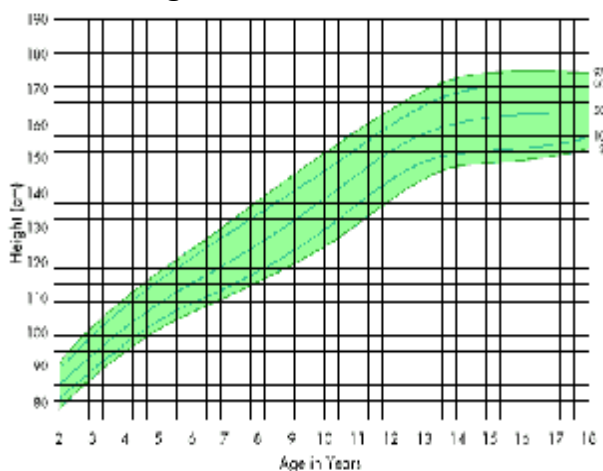


### Boys - Weight

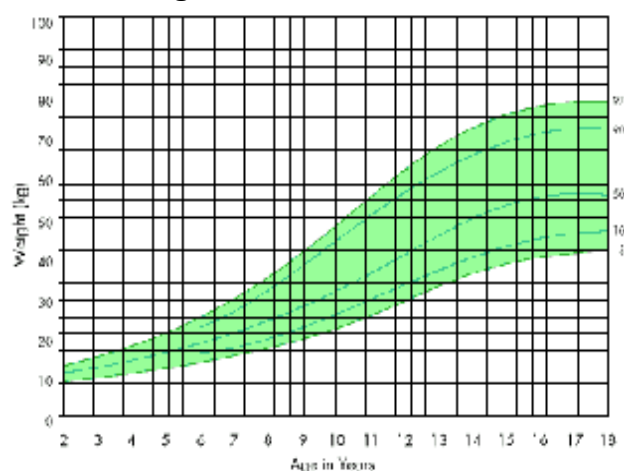
Source for charts:- Victorian Government... at [www.health.vic.gov.au](http://www.health.vic.gov.au)



### Girls - Height



### Girls - Weight



Attach any other documentary evidence (eg:- medical advice) in support of this application.