



PO BOX 31
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**APPLICATION FOR PLAY DOWN - SEASON 2010
UNDER
BY-LAW RE DISABILITY (11 or 28)
(One form per player)**

THE _____ Junior 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 FAX TO:

Competition Registrar

OR

DELIVER BY HAND TO: Junior Executive Committee Member

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 / 3 / 4 / All Juniors (To 17s)