

Junior President Signature: _

AFL Canberra Junior League



Age Dispensation Application - Single Year

This form is to be completed for Junior players wishing to play up a single age group.

The Ainslie Football Club acknowledges the principal role of the parent or guardian in determining if a player should play in a higher age competition than the one determined by the player's chronological age. Players will only be permitted to play up an age level when their physical capacity and social sense enable them to compete adequately at the higher age level.

Prior to the player participating in any games the player's parent or guardian must complete and sign this consent form and return it to the Junior President at email sueanne.mckeough@ainsliefootball.com.au.

Note: This form does not cover players wishing to play up beyond a one year age span and any such decisions will need to be assessed separately. For further information please contact Sue-Anne McKeough, AFC Junior President, on 0423 782 753 or at email sueanne.mckeough@ainsliefootball.com.au.

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Player Details: Please print cle	arly
Player's Name	
Year of Birth	
Player's Club	Ainslie Football Club
Proposed Team (eg Under 14s)	
Reason for Request: (eg long te	erm AFL player, physically larger size, good skills etc)
to participate in the	ove named player I, the undersigned, give permission for him/he age group in the AFL Canberra Junior footbal
,	er may have an increased risk of injury due to playing in the age my son/daughter is still covered by AFL Canberra's insurer, JLT
Authorisation:	
Parent/Guardian Name: (please prin	nt)
Parent/Guardian Signature:	Date:
Parent/Guardian Mobile: (please pr	rint)
Junior President: Sue-Anne McK	eough

Date: