

Junior President Signature: \_

## **AFL Canberra Junior League**



## **Age Dispensation Application – Two Years**

This form is to be completed for Junior players wishing to play up two age groups.

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 two age levels 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 request form <a href="mailto:sueanne.mckeough@ainsliefoot">sueanne.mckeough@ainsliefoot</a>	and return it to the Junior President, at email ball.com.au.
Player Details: Please print clearly	
Player's Name	
Year of Birth	
Player's Club	Ainslie Football Club
Proposed Team (eg Under 14s)	
Parent/Guardian Request:	
As the parent/guardian of the a	above named player I, the undersigned, request permission for
him/her to participate in the age group in the AFL Canberra junior	
football competition for Season 20 for the reasons stated below.	
Reason for Request: (eg long term AFL player, physically larger size, very good skills etc)	
<u> </u>	ide the <i>AFL Match Policy</i> recommended age span, however, I is at a physical capacity and of the social sense to compete
	el. I believe that he/she will gain an advantage in his/her
•	aughter may have an increased risk of injury due to playing in the d that my son/daughter is still covered by AFL Canberra's insurer,
Authorisation:	
Parent/Guardian Name:(please pr	int)
Parent/Guardian Signature:	Date:
Parent/Guardian Mobile: (please p	orint)
Junior President Name: Sue-A	Anne McKeough