



AFL Canberra Junior League

Age Dispensation Application – Younger Age



This form is to be completed for junior players wishing to play in a lower age group.

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

Player Details: *Please print clearly*

Player's Name	
Year of Birth	
Player's Club	Ainslie Football Club
Proposed Team (<i>eg Under 12s</i>)	

Parent/Guardian Request:

As the parent/guardian of the above named player I, the undersigned, request permission for him/her to play in a lower age group than the one determined by his/her chronological age for the reasons specified below.

Reason for Request: (*eg first ever season of AFL, physically small size, limited or basic skills etc*)

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Authorisation:

Parent/Guardian Name: (*please print*) _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Mobile: (*please print*) _____

Junior President Name: Sue-Anne McKeough

Junior President Signature: _____ Date: _____