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| Part A – Player Details |
| Player First Name |  | Player Surname |  |
| Player D.O.B. |  | Club Name |  |
| Years playing AFL |  | Age Groups played in |  |

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| Part B – Dispensation Requirements to Be Met |
| The Club and is to read and acknowledge that it understands the following requirements which apply to an application for Age Dispensation to play down a Grade. | An application for dispensation to play down a Grade may only be made on the basis of a ***disability*** or ***physical size considerations***. |
|  | Any application on the basis of a **disability** must be supported by a current **medical report** from a medical specialist appropriately qualified in the area of practice relevant to the disability. The report is to detail the nature of the Player’s disability and describe how this impacts the Player’s capacity to participate in a Grade commensurate to their age. |
|  | An application on the basis of **physical size considerations** must be supported by a current medical report confirming that the player’s **Body Mass Index** (‘BMI’) is in the **bottom 5th percentile** for the player’s age. |
|  | The application under either ground must also detail:1. The effect of the Player's Disability or Physical Size Considerations on their capacity to effectively participate in Australian Football, in particular, their capacity to participate against the oldest Players in their age group;
2. How it is proposed that the approval of age dispensation will support the Player to overcome any barriers to their effective participation in Australian Football arising from their Disability or Physical Size Considerations;
3. The availability of other assistance to the Player to enable them to effectively participate in Australian Football:
4. How the participation of the Player in a lower age group will not adversely impact the safety of other Players in that lower age group.
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| Club Acknowledgement | We have read understand the above requirements and confirm that this application is made in accordance with these requirements. |[ ]

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| Part C – Dispensation Request |
| Ground for Application (select one) | Application on the basis of a disability |[ ]
|  | Application on the basis of physical size considerations (bottom 5th percentile BMI) |[ ]
| Player’s Actual Grade (eg U13) |  | Grade Requested (eg U11) |  |
| Club Submission in Support of the Application Provide any additional background information that is relevant to the application. Provide any information that helps address each of the matters raised in the “*Dispensation Requirements to be Met*”.  |  |
| Medical Report Attached |[ ]  Medical Specialist name and speciality. If reports from more than one medical specialist attached, list each name and speciality. |  |
| Other Supporting Documents Attached |[ ]  Provide a brief summary of any other supporting document attached (eg a letter from the Player’s parents / guardian) |  |

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| Part D – Signatories (at least one Parent / Guardian must sign this) |
| **Parent / Guardian 1 Name** |  | **Signature** |  | **Date** |  |
| **Parent / Guardian 2 Name** |  | **Signature** |  | **Date** |  |
| **Club Contact Name** |  | **Signature** |  | **Date** |  |
| **Club Contact Email** |  | **Phone** |  |

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| CMC Determination  |
| **Dispensation to play in the requested Grade is approved, subject to any conditions specified below** |[ ]
| **Dispensation to play in the requested Grade is not approved, for reasons specified** |[ ]
| Conditions / Reasons |  |
| Date of Decision |  |