



**APPLICATION FOR PLAY DOWN
UNDER
BY-LAW RE DISABILITY (19.1.2)
(One form per player)**



THE _____ 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:
DISTRICT SECRETARY
OR

MAIL OR FAX OR DELIVER BY HAND TO:

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)