



Application for Dispensation - (One Form per Player)

The _____ Football Club makes an Application for

Player's full name:

Address:

for dispensation under the League Age Dispensation Policy to play in (Age Group/Division):

Players Date of Birth: __/____/20__

Club must include on Club letterhead the Player's full playing history and details of the player's disability, including a certificate signed by a Sports Physician or Pediatrician, stating the basis for and reasons to support the request for the Player to play down a Competition Age Group and the qualifications of the person providing the Certificate.

This Application is made by the Club on behalf of the above-named Player by:

SIGNED: _____ DATE: ____/____/20____

This Application is made by the Club at my request and all information supplied is true and correct.

PARENT /GUARDIAN NAME: _____

SIGNED: _____ DATE: ____/____/20____

Email this Application and supporting documents/Certificate to: admin@mpjfl.com.au

This Dispensation Application, if approved, is valid for the current Season only. NOTE; Player must not play in a lower Competition Age Group until written approval from the league is received by the Club.

For Mornington Peninsula Junior Football League Executive Use Only:

Date Received: _____/_____/20____

1 Certificate Received: YES/NO

2 Supports Application for Dispensation: YES/NO

3 Application Granted: YES/NO Any Conditions/provisos?

4 If further information required,