



# AFL CANBERRA AGE DISPENSATION APPLICATION

Player Details – <u>Please complete all of the below</u>	
Name of Player:	
Players Date of Birth:	
Players Club:	
Current Team (For example – Under 14's)	
Proposed Team (For example – Under 17's)	

### Parent/Guardian Consent:

I formally grant permission for my son/daughter to participate for the \_\_\_\_\_  
(team) in the \_\_\_\_\_(competition) for the duration of the 2021 Season.

I acknowledge that this is outside of the recommended two-year age span of the AFL Match Policy, however I believe that my son/daughter is at a physical capacity and of social sense, to compete adequately at this higher level. I believe they will gain an advantage in their development doing so.

**PARENT /GUARDIAN NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Please complete below:

Parent Guardian Mobile:	
Parent/Guardian Email:	

Please email this Application to: [aflcanberra@afl.com.au](mailto:aflcanberra@afl.com.au)