



AFL NATIONAL AGE DISPENSATION APPLICATION



The _____ (Club) makes this application on behalf of

Player's Full Name: _____ Date of Birth: __/__/20__

Address: _____ Current School Grade: __

for dispensation under the AFL's National Age Dispensation Policy to play in _____ (Age Group/ Division).

Please indicate the type of dispensation being sought (*tick*):

Disability

Means: a disability as defined in the Disability Discrimination Act (1992) (Cth) or in any state-based statute applicable to a particular Football Body (in each case as amended from time to time).

Physical Size or Development

Means: in respect of a Player: (a) a body mass index (i.e. weight (in kilograms) divided by height (in metres squared)) below the 5th percentile for that Player's age; or (b) a height below the 5th percentile for that Player's age, as measured by an appropriately qualified Medical Specialist.

Other

Please provide your competition manager with supporting documents/information of which you would like an age dispensation considered.

ADDITIONAL INFORMATION REQUIRED:

The 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 Medical Specialist stating the basis for and reasons to support this Application in accordance with the National Age Dispensation Policy. The Certificate must include the qualifications of the Medical Specialist.

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

NAME: _____ POSITION: _____

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__

NEXT STEPS

1. Form must be completed and returned (by Club) to the Competition Manager. Forms will not be accepted from the individual/parent.
2. Assessment will be conducted by an AFL Queensland Official.
3. Written approval/denied application will be sent back to the Club.

OFFICE USE ONLY

Medical documents supplied:	YES	NO
Age Dispensation Assessment Approved:	YES	NO
Age Dispensation Application Approved:	YES	NO

Competition Manager Signature: _____ Date: _____