



## QUEENSLAND MINIMUM AGE POLICY DISPENSATION APPLICATION

A player who is ineligible to participate in a Junior Football competition due to their age being outside of the Minimum National Age Policy for Queensland, may apply for dispensation to play in an Under 8.5 Competition if they meet both of the following criteria:-

1. Player's date of birth is between 1<sup>st</sup> July 2017 and 31<sup>st</sup> December 2017; and
2. The player has been a registered player in both an Auskick and Superstars Junior Football Program.

AFL Queensland may:

- (i) Approve the application including for a specified period of time; or
- (ii) Refuse the application. There is no right to appeal a refused application.

Where an application is approved the Player is not permitted to Play Up into any other age group during the period of dispensation.

The \_\_\_\_\_ (Club) makes this application on behalf of

Player's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

for dispensation for the player to play in an Under 8.5 competition.

*I confirm that the information provided in this application is true and correct and application for dispensation has been made on the basis of:*

- (i) the player has been a registered player in both an Auskick and Superstars Junior Football Program

Previous Registrations:	Year:	Club/School Name:
Participated in <b>Auskick</b> program:		
Participated in <b>Superstars</b> program:		

- (ii) the player's date of birth is between 1<sup>st</sup> July 2017 – 31<sup>st</sup> December 2017; and  
 (iii) we have assessed the player and determined the player is capable of playing up into the Under 8.5 competition.

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

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This Application is made by the Club at my request and all information supplied is true and correct. I understand and acknowledge the conditions that apply if this application is accepted.**

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

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### NEXT STEPS

1. Form must be completed (including signed by all parties) and returned (by Club) to the Junior Competition Manager. Forms will not be accepted from the individual/parent.
2. AFLQ to evaluate application, including applicant's date of birth and program history on PlayHQ
3. Written approval/refusal of application will be sent back to the Club.