

AFL NATIONAL AGE DISPENSATION APPLICATION

The _____ (Club) makes this application on behalf of;

Player's Full Name: _____ Date of Birth: _____

Address: _____

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: for a Player, that Player has a body mass index (i.e. divide Player's weight (in kilograms) by Player's height (in metres squared)) under the 5th percentile for that Player's age as measured by a sports dietitian, clinical exercise physiologist or other appropriately qualified Medical Specialist.

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:** _____

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

PARENT/GUARDIAN NAME: _____

SIGNED: _____ **DATE:** _____

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 Northern Territory 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: _____