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| **Part A – Application Type** | | | |
| Application to play up a Junior Grade |  | Application to play up in a Senior Grade |  |

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| **Part B – Player Details** | | | |
| Player First Name |  | Player Surname |  |
| Player D.O.B. |  | Club Name |  |

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| **Part C – Playing History** | | | | | |
| **Years playing AFL** |  | | | **Age Groups played in** |  |
| **Has the Player played representative football?**  If “Yes”, provide a summary of the player’s representative history. | **Yes** |  | ⇨ |  | |
| **No** |  |  |
| **Is the Player part of a talent program (e.g. AFL Academy)?**  If “Yes”, provide details, e.g. what program, how long in program, age group etc. | **Yes** |  | ⇨ |  | |
| **No** |  |  |
| **Is the Player part of another talent program?**  If “Yes”, provide details of what this is. | **Yes** |  | ⇨ |  | |
| **No** |  |  |
| **Player’s other sporting experience that may be relevant to this application.** | | | ⇨ |  | |

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| **Part D – Dispensation Request** | | | |
| Player’s Usual Grade (eg U13) |  | Grade Requested |  |
| Number of games played to date in usual Grade. |  | How many games in the higher grade are being requested? |  |
| Detail the reasons why playing up in a higher Grade is in the Player’s football development interests? |  | | |

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| **Part E – Coaching Assessment** (T**h**e player must be assessed at a training session by the coach of the team they wish to play for) | | | | |
| Name of Coach |  | Phone Number | |  |
| Team Coached |  | Date of Assessment | |  |
| Details & Observations of Assessment Undertaken  Details of the drills undertaken and observations of the Player’s capabilities in those drills including by comparison to other Players. |  | | | |
| Coach’s Declaration | ***I hereby confirm that I have assessed the Player as detailed above and, in my view, the Player is capable of playing in the higher Grade requested from a skill, fitness and physical perspective.*** | Coach’s Signature |  | |
| Date |  | |

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| **Part F – Child Safe Standards** (to be completed where a Junior Player is seeking to play in a Senior Grade) | |
| Player Protection Initiatives  What initiatives will be undertaken by the Club to ensure the welfare of the junior player being integrated into a Senior football club environment. For example, the potential exposure to the likes of obscene or abusive language or behaviour, alcohol etc in the course of any club activity or event (eg training, matches, social events etc). |  |

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| **Part F – Declaration** (read and tick all boxes in acknowledgement of these terms) | |
| The responses and details provided in this Age Dispensation Application form are true and accurate. |  |
| The Parents / Guardians of the Player give permission for the Player to play in the higher Grade and are satisfied that the Club has appropriately assessed the Player’s capability of playing in that Grade. |  |
| This Age Dispensation Application is made in the Player’s football development interests and not to make up numbers in a team. |  |
| The Player and Club understands and acknowledges that the Player must remain committed to playing their usual Age Group and can only play in the higher Grade if this application is approved by the CMC and under any terms imposed as part of such approval. |  |
| The Club acknowledges that the Player will not be displacing an available age eligible player in the higher Grade. |  |
| This Application for Dispensation relates to the current season only and, if approved by the CMC, provides no expectation of ongoing rights to such approval in any future season. |  |
| The Club acknowledges that any breach of these terms, including a breach of any conditions of approval of this Application for Dispensation as imposed by the CMC, may result in the Player being deemed to be an ineligible Player and any such breach will be dealt with as a breach of policy under the Rules. |  |

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| **Part G – Signatories** (at least one Parent / Guardian must sign this) | | | | | |
| **Parent / Guardian 1 Name** |  | **Signature** |  | **Date** |  |
| **Parent / Guardian 2 Name** |  | **Signature** |  | **Date** |  |
| **Club Contact Name** |  | **Signature** |  | **Date** |  |
| **Club Contact Email** |  | | | **Phone** |  |

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| **CMC Determination** | | |
| **Dispensation to play in the requested Grade is approved, subject to any conditions specified below** | |  |
| **Dispensation to play in the requested Grade is not approved, for reasons specified** | |  |
| Conditions / Reasons |  | |
| Date of Decision | |  |