



PLAYING DOWN EXEMPTION APPLICATION

Please fill out the below fields with as much detail as possible, along with any relevant documents (medical reports, etc.) attached to the application.

Club:

First Name:

Surname:

Address:

Phone:

Email:

Date of Birth: ____/____/____

Height:

Weight:

Age Group by DOB:

Age Group wishing to Play:

Please list previous Australian Rules Football experience (include Auskick, Club Football, School Football)

Please list any limitations (medical, physical, etc.)

State Reason(s) for making this application:

Name of Club Official

Signature of Parent/Guardian

Signature of Club Official

Signature of Player (not Compulsory for 8-11)

____/____/_____
Date

____/____/_____
Date

Date

Date

Form to be completed and returned to
SANFL Juniors PO Box 606 Tynte Street, North Adelaide, SA 5006
or sanfljuniors@sanfl.com.au

To be completed by the SANFL Juniors Competition Coordinator and a copy returned to club
SANFL Juniors approves the above permit request for the 2019 season

The following restrictions apply to this playing down permit. Failure to comply with restrictions can result in the permit being revoked at the discretion of SANFL Juniors.

SANFL Juniors

____/____/_____
Date