

West Coast Senior Football



Application for dispensation to play out of age group

Club Name: _____

Please grant the following dispensation.

We as coach and parent/caregiver accept the responsibility for playing this player out of the normally acceptable age group.

Comments:
.....
.....

Other competition level(s) currently playing:

Club: _____ Grade: _____

School: _____ Grade: _____

Player Name: _____

Address: _____

Age: _____ **D.O.B.** ____/____/____

Player Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Team Coach Name: _____

Coach Signature: _____

When you have completed this form, please forward to: West Coast Senior Football, 51 Blake st, Blaketown, Greymouth 7805 or Email westcoastseniorfootball@gmail.com

A reply will be sent to the players Club as well as parents email with the result.

For office use only

Approved / Declined (Circle One)

Signed President Date:

SignedSecretary Date:

westcoastseniorfootball@gmail.com
51 Blake st, Blaketown, Greymouth 7805