



Protective Gear Form - Spectacles

Under By-Law 35.8 (Protective Gear)

The _____ Junior Football Club makes an application for:

Player Name: _____

Address: _____ Post Code: _____

To wear spectacles in (Age Group/Team): _____

Player's Date of Birth: _____

Junior footballers who wish to wear spectacles during matches and training sessions should wear spectacles with **PLASTIC FRAMES** and **PLASTIC LENSES**. The spectacles must also be held on securely by a band. This will minimize the risk of injury to the player, team mates and opposition players.

This application is made by the club on behalf of the aforementioned player by:

Signed President/Registrar/Secretary: _____ Date: _____

This application is made by the Club at my request and all details supplied are true and correct.

Parent/ Guardian Name: _____ Signature: _____

Please send the completed form to the Competition Coordinator at mpower@wafc.com.au Players may not wear spectacles unless they have been sighted by a CC/JCC representative and written approval from the Competition Coordinator has been received.

A copy of this form needs to be kept by the Player, Team Manager, Club Registrar and Competition Coordinator.

A copy of this form needs to be produced upon request by the Field Umpire officiating the match.

Central Conference Use Only:

1 **Application Granted:** Yes/No

2. **Club notified:** Yes/No

2 **Spectacles sighted by CC/JCC Representative:** _____

4 **CC/JCC Rep Signature:** _____ **Date:** _____