



Protective Gear Form - Headgear

Under By-Law 35 (Protective Gear)

The _____ Junior Football Club makes an application for:

Player Name: _____

Address: _____ Post Code: _____

To wear headgear (Age Group/Team): _____ Date of Birth: _____

Reason for headgear Medical Advice or Personal If medical, please provide Doctors report: YES / NO

If the reason is personal please provide a brief explanation for the application:

_____.

A player who desires to wear protective headgear during a match must wear a Sports Physician or Doctor approved headgear. The headgear must be constructed of non-metallic materials. Straps should be kept firmly to the equipment and not flailing. The headgear must be inspected and approved by a CC/JCC Executive member prior to use at training or during games.

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 Central Conference - Competition Coordinator mpower@wafc.com.au
Players may not wear headgear unless it has been sighted by a CC/JCC representative and written approval from via the signing of the form by a CC/JCC representative.

This form approving the wearing of the headgear must be shown to the umpire before each match. The umpire is authorised to forbid the player from participating in the game if the form of approval is not produced.

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

Central Conference Use Only:

1 Application Granted: Yes/No

2. Club notified: Yes/No

2 Headgear sighted by CC/JCC Representative: _____

4 CC/JCC Rep Signature: _____ Date: _____