

# WAFL/WAFLW Protective Equipment Application



TO: WAFL Operations  
WAFC  
105 Banksia Street  
Tuart Hill WA 6904

I, the undersigned, being the Football Manager/Chief Executive Officer of the \_\_\_\_\_ Club, hereby apply approval for Player \_\_\_\_\_ (*name player*) to wear during match(es) set out below, the item of Protective Equipment indicated. In support of this application, I provide the following particulars:-

1) Match(es)  
\_\_\_\_\_  
\_\_\_\_\_

2) Description of the medical condition of Player (Note: A report from a duly qualified medical practitioner as to the medical condition of the Player must be attached).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Description of the Protective Equipment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Benefits for Player wearing Protective Equipment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach further page if necessary)

Signed: \_\_\_\_\_  
(WAFL/WAFLW CLUB FOOTBALL OPERATIONS MANAGER)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(WAFL/WAFLW CLUB MEDICAL OFFICER)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Signed: \_\_\_\_\_  
(PLAYER)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved/Disapproved by WAFL Operations on**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_