



APPLICATION FOR INCLUSION ON THE LONG-TERM INJURY LIST

The _____ FOOTBALL CLUB hereby request that

Print player name

Being a listed player number is to be removed from the Clubs Senior list of players and be placed onto the Long-Term Injured Player (LTIP) list.
I enclose the supporting medical evidence which verifies that the injured player is suffering a long-term injury.

Signed by:

_____	_____	_____
Authorised Officer of the Club	Date	Print Name
_____	_____	_____
Injured Player	Date	Print Name
_____	_____	_____
Club Medical Officer	Date	Print Name

The player must remain as a LTIP for a minimum of 6 weeks and a maximum of 12 calendar months from the date of receipt of this form by the Football Operations Manager of the WAFL.

Office use only

Received by the WAFL _____ Date _____
WAFL Operations Manager

Supporting documentation attached