



**PERMISSION TO PLAY UP ONE YEAR GROUP FOR SEASON \_\_\_\_\_**

The \_\_\_\_\_ Junior Football Club makes an application for:

Player: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_

Eligible Age Group: \_\_\_\_\_ Desired Age Group: \_\_\_\_\_

Please provide a brief description of the reason below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my son/daughter permission to play football with the \_\_\_\_\_ Junior Football Club in one age group higher than his/her designated age group. The Club has informed me of the difference in rules between the age groups and I fully understand these differences.

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **Club Use Only** \_\_\_\_\_

Signed Club President: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Club Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed form to Competition Coordinator [mpower@wafc.com.au](mailto:mpower@wafc.com.au)

**\_\_\_\_\_ Central Conference Use Only \_\_\_\_\_**

Approved  YES  NO

Club Notified  YES  NO

Approved CC Executive Member : \_\_\_\_\_ Date: \_\_\_\_\_