



SDFDC
Play Down Form
Under By-Law 30 (Disability)

The _____ Junior Football Club makes an application for:

Player Name: _____

Address: _____ Post Code: _____

To 'Play Down' Under By-Law 30 (Disability) in (Age Group/Team): _____

Player's Date of Birth: _____ Player's Height: _____

Player's Weight: _____ Player's Percentile: _____ (Please refer to By-Law 12.1)

Please include on a club letterhead, details of the player's disability, including a medical certificate signed by a **Sports Physician**, stating the nature of the disability and a **detailed report** recommending that the player 'play down'.

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.

Signed Parent/Guardian: _____

Please send the completed form to the Swans District Competition Director at tgosatti@swandistrictsfc.com. Players may not play down unless written approval from the Swans District Competition Director has been received. Unless stated otherwise, this Play Down Form is valid for the 2012 season only.

District Official Use Only:

Date Received: ____/____/____

1. **Medical Certificate Received:** Yes/No
2. **Supports Reason for Playing Down:** Yes/No
3. **Application Granted:** Yes/No
4. **Play Down Valid For:** 1/2/3/4 Season/s