

**SHARKS DISTRICT APPLICATION FOR PLAY DOWN
UNDER BY-LAW
28 DISABILITY OR
29 PHYSICAL SIZE & DEVELOPMENT CRITERIA
(One form per player)**

The _____ Football Club (Inc.) makes an application for
Player's Full Name: _____
Address: _____ P/CODE: _____

To "Play Down" under By-Law _____ (Please indicate)
To play in (age group/team): _____
Player's Date of Birth: _____ / _____ / _____

Please include on club letterhead the players history and details of disability, including a medical certificate signed by a SPORTS PHYSICIAN / medical practitioner. certificate needs to state/support reason for application (bylaw 28.Disability or bylaw 29. physical size)- and recommend that player "play down".

THIS APPLICATION IS MADE BY THE CLUB ON BEHALF OF THE AFOREMENTIONED PLAYER BY:

SIGNED: _____ DATE: _____
CLUB (PRESIDENT; SECRETARY; REGISTRAR ONLY)

THIS APPLICATION IS MADE BY THE CLUB AT MY REQUEST AND ALL INFORMATION SUPPLIED IS TRUE AND CORRECT.
PARENT / GUARDIAN SIGNATURE: _____

PLEASE FORWARD ANY PLAY DOWN APPLICATIONS AS SOON AS POSSIBLE. PLAYER MAY NOT PLAY DOWN UNTIL WRITTEN APPROVAL IS RECEIVED BY CLUB. All required documents must accompany this application for it to be considered.

MAIL OR FAX TO:
SHARKS DISTRICT SECRETARY Graham Buckland. POBOX581, GOSNELLS. 6109

FAX: 9459 4545 OR
MAIL OR FAX OR DELIVER BY HAND TO:
SHARKS DISTRICT REGISTRAR, Phil Elliott. 3 Rudyard Court, WILLETTON6155
FAX: 9457 6375
E-mail: pelliio@iinet.net.au

UNLESS OTHERWISE STATED THIS PLAY DOWN APPLICATION - IF APPROVED - IS VALID FOR CURRENT SEASON ONLY.

SHARKS DISTRICT COMPETITION COMMITTEE Use Only:

DATE RECEIVED: _____ / _____ / _____

- | | |
|---|--------------------------------------|
| 1. MEDICAL CERTIFICATE RECEIVED: | YES / NO |
| 2. SUPPORTS REASON FOR PLAY DOWN APPLICATION: | YES / NO |
| 3. APPLICATION GRANTED: | YES / NO |
| 4. NEEDS TO APPLY NEXT SEASON: | YES / NO |
| 5. PLAY DOWN VALID FOR - NUMBER OF SEASONS: | 1 / 2 / 3 / 4 / All Juniors (To 17s) |