

REQUEST TO PLAY DOWN IN AGE Application Form

This application form is to be completed by an Association after it has considered a request for a player to play below their own age group. FNSW will only consider a request if supported by the club and Association.

Before completing this form the Association should refer to the *FNSW Play Down Guidelines*.

The only time consideration will be given to a player to play below their own age group is where there is a medical report confirming that a player has a medical condition and as a result of that condition, it is more beneficial for the player to play down.

Date of request	/ /
Association	
Association Contact	
Phone	
Email	

Name of Player:	
Name of Club:	
FFA Number	
Date of Birth	/ / Current Age:
Natural Age Group	i.e. the age group in which the player would usually play
Requested Age Group	i.e. the age group in which the player wants to play
Current Weight	Kg
Current Height	cm
Medical Condition/s	
Years playing with the club	
Played down previously	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If yes, for how many years?
Other relevant information	

The following documents are submitted with this application:

- Letter of request from the parent/s or legal guardian requesting play down yes
- Letter or email of support for the application from the club yes
- Medical certificate, reports or statement from GP or medical specialist yes
- Other supporting documentation if provided yes

Application lodged on behalf of the Association by:

SEND FORM TO: Michelle Hanley at Football NSW by e-mail to: michelle@footballnsw.com.au

<i>Office use only</i>	
Received by FNSW:	/ /
Application assessed by:	
Application approved:	<input type="checkbox"/> yes <input type="checkbox"/> no
Decision Notified:	/ / Ref: