

**APPLICATION FOR PLAY DOWN  
UNDER  
BY-LAW RE DISABILITY (See New By-laws)  
(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 - DISABILITY

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 & STATING THE NATURE OF THE DISABILITY AND RECOMMENDING 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: \_\_\_\_\_

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***PLEASE FORWARD ANY PLAY DOWN APPLICATIONS AS SOON AS POSSIBLE. PLAYER MAY NOT PLAY DOWN UNTIL WRITTEN APPROVAL IS RECEIVED BY CLUB.***

MAIL OR FAX TO:

DISTRICT SECRETARY

OR

MAIL OR FAX OR DELIVER BY HAND TO:

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

**DISTRICT COMPETITION COMMITTEE Use Only:**

**DATE RECEIVED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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