Mainland Football

Application for dispensation to play out of age group.

Club / School: _____

Please grant the following dispensation.
We as a club / school accept the responsibility for playing this player out of the normally acceptable age bracket.
We enclose a letter of permission from the parent / guardian of the player.

Grade: Circle where appropriate: Senior. Youth Junior

Male Female

Competition level: _____

Other competition level(s) currently playing:

Club: _____ Grade: _____

School:_____ Grade: _____

Player Name: _____

Address: _____

_____

Age:_____ D.O.B. _____/____/ _____

Player signature: Parent/Guardian signature:

Club Official signature:
(Secretary or President)

Team Coach:

On behalf of Mainland Football I have considered the merits of this application and made the following decision.

This application has been approved: _____ Date: _____

This application has been refused: _____ Date: _____