

## Appendix 5.0



### Permit Player Assessment Form

Warragul & District Junior Football League

Player Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Club : \_\_\_\_\_

Age Group : \_\_\_\_\_ Jumper No. : \_\_\_\_\_

Period over age by : \_\_\_\_\_ months \_\_\_\_\_ days

Reason for Application :

\_\_\_\_\_  
\_\_\_\_\_

Assessed at \_\_\_\_\_ Date of assessment : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assessed by :

Name (PRINT) :	Coach of :	Coach's Signature	Approved (please circle)
1. _____	_____	_____	YES / No
2. _____	_____	_____	YES / No
3. _____	_____	_____	YES / No
4. _____	_____	_____	YES / No
5. _____	_____	_____	YES / No

Comments :

\_\_\_\_\_  
\_\_\_\_\_

Office use only :

Application Approved (please circle)      YES      NO

Review Required (please circle)      YES      NO

Co-ordinator sign-off :

Name : \_\_\_\_\_ Signature : \_\_\_\_\_

**NB. A minimum of 5 Coaches must sign off prior to approval being granted.**