

PLAYING DOWN EXEMPTION APPLICATION



All fields must be completed. Playing down applications will not be accepted after 30th April.

Please indicate the type of playing down exemption you are seeking (please tick):

Physical Disability

A physical disability is a limitation of a person's functioning, mobility, dexterity or stamina. Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorders.

Intellectual Disability

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills.

Medical Disability

Any restriction or lack of ability to perform an activity in a manner or within the range considered normal for a human being. Reflects the consequences of impairment in terms of functional performance and activity by the person. Medical disabilities may include (but not limited to), musculoskeletal problems, senses and speech issues, respiratory illness, cardiovascular conditions, neurological disorders, blood disorders, immune system disorders.

To be completed by a Parent/Guardian								
Name	Date of Birth	Phone	Email	Age Wishing to Play				
Disorder/condition*								
*A report with suppo	 rting medical documents n	nust be supplied. App	proved applications are valid	for <u>1 (one)</u> season only.				
Signature of Parent/Guardiar	າ:			Date:				
Name of Registered Medical	Practitioner:	Signatu	ıre:	Date:				
Club Endorsement This application has been discussed and endorsed by the full committee of the Club. Must be signed by 2 (two) Club Committee Members								
Name: Po	sition (with Club)	Signa	ture:	Date:				
Name: Po	sition (with Club)	Signa	ture:	Date:				
NEXT STEPS								

- 1. Form must be completed and returned (by Club) to the Competition Manager. Forms will <u>not</u> be accepted from the individual/parent.
- 2. Assessment will be conducted by an AFL Queensland Official.
- 3. Written approval/rejected application will be sent back to the Club.

OFFICE USE ONLY					
Medical documents supplied:	Yes	No	Playing Down Assessment Approved:	Yes	No
Playing Down Application Approved:	Yes	No			
State Junior Football Manager Signature			Date		

Form No: AFLQJ-23