

FORM PD: APPLICATION TO PLAY DOWN (↓) A YEAR GROUP

2020

IMPORTANT INSTRUCTIONS:

1. Use this form where a player wishes to apply to play down a grade of football under the Competition By-laws.
2. The application is to be made by the Club on behalf of the player.
3. The application must be signed by the player’s parent or *legal* guardian; and a club official (President, Secretary or Registrar).
4. Documents to be attached to include a Club letter of support, and other documentation (as per this form).
5. The completed form and attachments to be forwarded to the BDJFA Registrar by email (registrar@bdjfa.org.au) as a scanned file in **PDF format**.
6. Unless the Association expressly states otherwise, the play down application, if approved, is valid for the current season on ly.

THE PLAYER MAY NOT PLAY DOWN UNTIL WRITTEN APPROVAL IS RECEIVED BY THE CLUB FROM THE ASSOCIATION.

DETAILS OF THE PLAYER TO WHICH THIS APPLICATION APPLIES (“the Player”)

<i>FULL NAME including middle name:</i>	
<i>Date of birth:</i>	
<i>Email address:</i>	
<i>Phone:</i>	
<i>The Player’s height and weight:</i>	<i>Height: _____cm. Weight: _____kg. – MUST be measured by a Club official.</i>
<i>The Club that the Player is registered with (“the Club”):</i>	

PLAY-DOWN APPLICATION

The Club applies for the Player to play-down a grade under Competition Bylaws relating to (tick all that apply):

- Bylaw 12 – Physical size and development criteria.** Attach a medical certificate, signed by a sports physician or medical practitioner, stating that the player’s physical size and development criteria: (a) is less than sex maturity rating four (4); AND (b) falls below the fifth (5th) percentile for height or weight.
- Bylaw 13 – Disability (physical and intellectual).** Attach written authority signed by a sports physician or registered medical practitioner that confirms the Player has a disability (physical and intellectual) and recommends the Player “play down” a year group.

...and play in (Year Group and Team): _____

This application is made by the Club with my consent and all information supplied is true and correct.

Signed (Parent/Legal Guardian): _____ *Date:* _____

Print name: _____ *Telephone:* _____

This application is made by the Club on behalf of the Player.

Signed Club Official: _____ *Date:* _____

Print name: _____ *Telephone:* _____

Position (tick one): President Secretary Registrar *Email:* _____

Attach to this application a letter of support from the Club, signed by a club official. The letter is to detail the player’s playing history.

ASSOCIATION USE ONLY

Registration ID: _____

Date received from Club: _____

Received by: email (scanned), facsimile, hand, post.

Medical certificate received

Reason for play down supported by medical certificate

Application granted. If refused, state reason: _____ Club
needs to apply again next season, or...

Play down valid for (number of seasons): 1, 2, 3, 4, All Juniors

Date Club notified: _____

Notified by: email, facsimile, hand, post. Association

Registrar: _____