

**DOMESTIC CLUBS
PLAYER EXEMPTION REQUEST FORM**

Please Note: Exemption forms must be completed and lodged by the player's Domestic Club to be considered by the SBA.

Domestic Club Name	
Club President Name	
Which Season & Year	<input type="checkbox"/> Autumn <input type="checkbox"/> Spring <input type="checkbox"/> Both 20__

PLAYER DETAILS	
Players Name	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth	
Natural Age Group	
Proposed Age Group	

Detailed reasons for requesting this exemption are:

**In the case of a player requesting an exemption on medical grounds, the exemption may be granted after the SBA is satisfied of the bona fide's of the medical grounds, provided that:
Medical certification of the extent and term of the illness is supplied by a certified medical practitioner or sports medicine specialist**

This request for an exemption has been reviewed by the Domestic Club and is in support of the exemption application

Club President/Delegate Signature & Date		
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SBA OFFICE USE ONLY		
Date Received from Domestic Club		
SBA recommendation	Approved / Not Approved	
Domestic Club advised	Yes / No	Date
Note: The SBA reserves the right to determine acceptable grounds for exemption Document revision date April 2019		