



REQUEST TO PLAY DOWN IN AGE

Application Form

- Applications are completed by the club or Association and are submitted to SDFA by the Club.
- Only applications supported by both the player's club and Association will be considered.
- All applications shall be made annually, and all approvals expire 31 December of the participation year.

Before completing this form, the Club and Association must refer to the *FNSW Play Down Guidelines*.

The only time consideration will be given to a player to play below their own age group is where there is a medical certificate or specialist report confirming that a player has a diagnosed medical or developmental condition, and as a result, it is more suitable for the player to play down. All applications are subject to annual submission and approval by SDFA Board.

Play Down Applications must be completed in full and emailed to secretary@shoalhavenfootball.com.au

ALL SECTIONS MUST BE COMPLETED

Date Application completed	/ /
Name of Club	
Club Contact Person	

Name of Player:	
Name of Club:	
FFA Number	
Date of Birth	/ /
Current Age of Player:	Years
Natural Age Group	i.e. the age group in which the player would usually play
Requested Age Group	i.e. the age group in which the player wants to play
Current Weight	Kg
Current Height	cm
Diagnosed Medical or Developmental Condition/s	
Years playing with this club	
Played down in age previously	<input type="checkbox"/> yes. If yes, for how many years? _____ <input type="checkbox"/> no <input type="checkbox"/> unknown

DOCUMENTS REQUIRED

The following documents 1 – 3 MUST be submitted with this application.

Tick that the following documents are attached with the application:

1. ☐ yes Letter or email from the parent/s or legal guardian requesting play down approval.
2. ☐ yes Letter or email of support from the club.
3. ☐ yes Medical certificate, report or statement from GP or specialist confirming diagnosis.
4. ☐ yes Additional supporting documentation or reports (optional)

SDFA Endorsed May 2025