

WORKSAFE VCFL PERMIT FOR STUDENTS LIVING AWAY FROM HOME

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(For Permits applications per VCFL Rule 2.11)

PLAYER DETAILS

I _____ being a registered member of
(Full Name) _____ Football Club, affiliated with the _____

Football League, and being a full time student at _____

School / College /University living away from my usual place of abode, hereby apply for a permit to play
with the _____ Football Club **(being the club I was last registered with**

prior to being cleared to my current club) affiliated with the _____

Football League during Registered school holidays or semester vacations. (Please attach proof of dates of
School Holidays / Semester vacations.)

Date Permit required: _____

Signature of Player: _____

Date: _____

Parent / Guardian Signature: _____
(If player has not attained 18 years of age)

Date: _____

PLAYERS CURRENT CLUB

The _____ Football Club Grants Refuses
the permit. Date: _____ Signature _____

PLAYERS CURRENT LEAGUE

The _____ Football League Grants Refuses
the permit. Date: _____ Signature _____

Please complete form on page 2

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PLAYERS INTERCHANGE CLUB

The _____ Football Club agrees to play the above named player on
permit

Date: _____ Signature _____

PLAYERS INTERCHANGE LEAGUE

The _____ Football League approves the permit for the above named player.

Date: _____ Signature _____

REGIONAL MANAGER USE ONLY

Application for applied permit has been

Approved

Rejected

Date: _____ Signature _____

The original copy of the permit shall be retained by the Regional Manager