

CENTRAL CONFERENCE

Protective Gear Form – General

Under Policy POL.08.04 (Protective Equipment Policy - Other Protective Gear)

The _____ Junior Football Club makes an application for:

Player Name: _____

Address: _____ Post Code: _____

Age Group/Team: _____ Date of Birth: _____

Type of protective gear : _____

Reason for protective gear Personal or Medical Advice If medical, please provide

Doctors report: YES / NO

If the reason is personal please provide a brief explanation for the application:

The gear must be inspected and approved by a CC/ JCC Executive member prior to use at training or during games. This application is made by the club on behalf of the aforementioned player by:

Signed President/Registrar/Secretary: _____ Date: _____

This application is made by the Club at my request and all details supplied are true and correct.

Parent/ Guardian Name: _____ Signature: _____

Please send the completed form to the Central Conference Competitions Officer at mpower@wafc.com.au
Players may not wear the protective gear unless it has been sighted by a CC/JCC representative and the completion of this form. This form approving the wearing of the protective gear must be shown to the umpire before each match. The umpire is authorised to forbid the player from participating in the game if the form of approval is not produced.

A copy of this form needs to be kept by the Player, Team Manager, Club Registrar and Competitions Officer

CC/JCC Use Only:

1 Application Granted: Yes/No

2. Club notified: Yes/No

2 Gear sighted by CC/JCC Rep: _____

4 CC/JCC Rep Signature: _____ Date: _____