

Play Down Form

WAFC Rules & Regulations

Section 3 - 9.6 Physical Development Criteria

Players must apply to the JCC/CC Executive for permission to play down an age group during the current season

9.6 Approval will only be granted if the player submits with their application to play down, written authority by the sports physician(s) or doctor(s) that is specified by the District and addresses that the participant falls below the fifth (5th) percentile for height or weight.

The Central Conference Executive have appointed Dr Simon Jenkin as the conference Doctor. An appointment will need to be made with Dr Jenkin to ascertain if a player falls below the fifth (5th) percentile for height or weight. Dr Jenkin will charge the Medicare rebate amount only, so providing you are eligible for Medicare there will be no out of pocket cost

Contact Details

Dr Simon Jenkin

Specialist Sport & Exercise Physician



PERTH SPORTS MEDICINE

Specialist Sports Doctors

3 Davies Rd, Claremont WA 6010

Cockburn ARC, 31 Veterans Pde, Cockburn WA 6164

T: (08) 9284 4511

F: (08) 9384 7211

<http://www.perthsportsmedicine.com.au/>

Play Down Form
WAFC Rules & Regulations
Section 3 - 9.6 Physical Development Criteria

The _____ Junior Football Club makes an application for:

Player Name: _____

Address: _____ Post Code: _____

To 'Play Down' Under Rules & Regulations Section 3 – 9.6 in (Age Group/Team): _____

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: _____

Penalties for breaching this by-law may include: Club Fines and/or Loss of Match

Please send the completed form and written authority from doctor to the Competition Officer mpower@wafc.com.au Players may not play down until this form has been approved by the CC Executive. Unless stated otherwise, this Play Down Form is valid for the 2019 season only.

Doctors Report

Player's Date of Birth: _____ Player's Height: _____

Player's Weight: _____ Player's Percentile: _____ (Please refer to Sect 3 - 9.6)

Doctor Signature: _____ Date: _____

Central Conference Use Only

1. Medical Authority Received: Yes / No
2. Supports Reason for Playing Down: Yes / No
3. Application Granted: Yes / No
4. Approved CC Executive Member : _____ Date: _____