



## METRO CENTRAL Play Down Form

### Disability – Physical & Intellectual

A player with a disability that limits their ability to play, may apply to the WAFC for permission to play down one or more age group during the current season.

9.10 Approval will only be granted if the player submits written authority by a sports physician or registered medical practitioner along with their application to play down an age group.

9.11 A player granted permission to play down an age group will be eligible for the fairest and best votes for the grade in which they have received permission to play.

9.12 The granting of any such request shall apply to the current season only (2019)

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

The \_\_\_\_\_ Junior Football Club makes an application for:

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

To 'Play Down' Disability – Physical & Intellectual in (Age Group/Team): \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

Please submit with this application to play down, written authority by a sports physician or registered medical practitioner.

**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 and written authority from doctor to the Competition Officer [mpower@wafc.com.au](mailto: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.

**Central Conference Use Only**

Medical Authority Received: Yes  / No  Supports Reason for Playing Down Yes  / No

Application Granted: Yes  / No  Date Approved \_\_\_\_\_

Approved CC Executive Member : \_\_\_\_\_