SDFDC
Permission to Wear Protective Gear Form
Under By-Law 31 (Protective Gear)

Player Name: _____ **Jumper Number:** _____

Club: _____ **Age Group/Team:** _____

Reason: Medical or Personal (Please Circle)

If it is a medical reason, please supply a Doctor's certificate.

If it is a personal reason, please provide a brief description below.

_____
_____
_____

Protective gear must be made of non-metallic materials. Straps should be fastened to the equipment and should not be damaged. Protective gear must be inspected and approved by a member of the Junior Competition Council (JCC) prior to its use.

Signed Parent/Guardian: _____ **Date:** _____

Signed Player (16+): _____ **Date:** _____

Approval for the above player to wear protective gear was given by:

Name: _____ **Position:** _____

Date: _____

A copy of this document is to be kept by the District Registrar and the player's Club Registrar and Team Manager.

A copy of this document must be supplied to the officiating Field Umpire upon request.

Doctor's reports should be copied and attached to all copies of this document.