



**SDFDC
Play Up Form**

The _____ Junior Football Club makes an application for:

Player: _____

Phone Number: _____ Address: _____

Post Code: _____ DOB: _____ (Supply Copy of Birth Certificate)

Eligible Age Group: _____ Desired Age Group: _____

Eligible Age Group Verified: _____ (District Registrar Use Only)

Please provide a brief description of the reason below.

I hereby give my son/daughter permission to play football with the _____ Junior Football Club in one age group higher than his/her designated age group.

The _____ Junior Football Club has informed me of the difference in rules between the age groups and I fully understand these differences.

Signed Parent/Guardian: _____ Date: _____

Club Official Use Only

Signed Club President: _____ Date: _____

Signed Club Registrar: _____ Date: _____

District Official Use Only

Approved/Denied

Signed District Registrar: _____ Date: _____

Signed District Competition Director: _____ Date: _____