



WAFL/WAFLW Protective Equipment Application

TO: WAFL Operations
WAFC
105 Banksia Street
Tuart Hill WA 6904

I, the undersigned, being the Football Manager/Chief Executive Officer of the _____ Club, hereby apply approval for Player _____ (*name player*) to wear during match(es) set out below, the item of Protective Equipment indicated. In support of this application, I provide the following particulars:-

1) Match(es)

2) Description of the medical condition of Player (Note: A report from a duly qualified medical practitioner as to the medical condition of the Player must be attached).

3) Description of the Protective Equipment

4) Benefits for Player wearing Protective Equipment

(Attach further page if necessary)

Signed: _____
(WAFL/WAFLW CLUB FOOTBALL OPERATIONS MANAGER)

Print Name: _____

Date: _____

Signed: _____
(WAFL/WAFLW CLUB MEDICAL OFFICER)

Print Name: _____

Date: _____

Signed: _____
(PLAYER)

Print Name: _____

Date: _____

Approved/Disapproved by WAFL Operations on

Date: _____

Signed: _____