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REQUEST TO PLAY OUTSIDE OF CORRECT AGE

Club:

Players Name:

Players FFA Number:

Players Date of Birth:

Players Correct Age Group:

Team to be granted permission to play with:

Reason for Request:

I acknowledge and accept the risks associated with allowing my child to play outside of the correct age level when engaged in the everyday actions of football for their Club. This includes recognizing that fellow team members and competitors may have either an advantage or disadvantage physically and / or in maturity.

Parent / Guardian Name:

Signature:

Date:

CLUB PRESIDENT / SECRETARY / REGISTRAR APPROVAL

Name:

Signature:

Date:

OFFICE USE ONLY

Approved / Not Approved

Name:

Signature:

Date: