



## FORM 12 - AWFA PLAYING BELOW AGE REQUEST FORM

Club Player registered with

Player's True Age Group

Age Group Consenting to Play

Players Date of Birth

Years Player has played Football

Name of Player

Name of Parent/Guardian

Signature of Player

Signature of Parent/Guardian

Date

Grounds for this request (please include as much detail as possible to allow the Executive Committee the opportunity to review appropriately):

Name of Club Accredited Coach

Signature of Club Accredited Coach

Name of AWFA Representative

Signature of AWFA Representative

Date:

To be formally processed this form must be signed by the player's guardian and a club Accredited Coach and returned to [awfasecretary@awfa.asn.au](mailto:awfasecretary@awfa.asn.au) by the club for verification and approval by the AWFA Executive Committee prior to the participant playing in the younger age group. It is an insurance requirement that this form must be kept on file by the Club and AWFA for a minimum of 7 years from the date of signing.